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**Strip-pack
quantity plea
by NPA Board**

**'Negative
clearance' to
ease clinical
trials burden**

**David Coleman
elected to
NPA chair**

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April 26 1980

Vol 213 No 5216

121st year of publication

ISSN 0009-3033

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Published Saturdays by Benn Publications Ltd
25 New Street Square, London EC4A 3JA. Tel: 01-353 3212

Editorial and Advertisement Offices
25 New Street Square, London EC4A 3JA. Tel: 01-353 3212
Telex 27844

Regional advertisement offices

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Bristol BS16 6BQ 0272 564827

Subscription Department

Home £27.50 per annum. Overseas and Eire £33 per annum
Tel: 01-542 8575

Subscription

125 High Street, Colliers Wood, London SW19 2JN.
including postage. 65p per copy (postage extra)

Benn



Member of the Audit Bureau of
Circulations

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26 April 1980

After-dinner mint

After-dinner speeches are not usually noted as vehicles for important announcements, so it was with considerable pleasure and surprise that the majority of those attending the 50th anniversary dinner of the Association of the British Pharmaceutical Industry greeted Mr Patrick Jenkin's decision to relax the Medicines Act rules on clinical trials certificates (p716).

The ABPI president, Mr Smart, had welcomed his chief guest with some strong words about government's stifling effect on the industry's research potential and cited the UK as being in particular difficulty—demands for absolute drug safety and legislators' attempts to impose the impossible would lead to the fruits of drug research being capitalised upon abroad, something the British economy cannot afford to contemplate.

A Conservative Secretary of State clearly could not tolerate such a trend and Mr Jenkin must surely have noted the downward movement in the pharmaceutical industry's exports in 1979—for the first time in many years. He may also have been aware that the list of Queen's Awards for Industry this year included none of the major pharmaceutical names which usually figure so prominently.

So Mr Jenkin was able to offer a substantial crumb of comfort to the industry last week, but it was only a crumb and several other problems making up the loaf were spelled out by the ABPI president. Product liability was high on the list of priorities for attention, but it was an area in which the Secretary of State appeared to be retreating behind doctrinaire arguments—the pharmaceutical industry should not be singled out for harsher treatment than others, but equally it should be able to insure itself against liability and should consider setting up its own compensation fund rather than look to the Government.

These principles sound fine, but the claim that medicines are not ordinary articles of commerce should not be regarded as a platitude simply because politicians and the public need reminding of it so often, Government "interferes" in medicines development, manufacture, sale, promotion and price to an extent undreamed of in other commercial spheres—mainly, it must be said, rightly and in the public interest. Politicians must therefore accept that this industry has a right also to be treated differently from others when the public's perceived requirements place too high a burden for the industry itself to bear and be certain of remaining viable.

But then, Mr Jenkin has only to be true to his own statements in his after-dinner address: "Governments as such rarely create any wealth themselves. But many governments have in the past made it damned difficult for anyone else to do so." And finally: "It is no part of my purpose to preside over the demise of your industry."

Unfortunately we must record that one small sour note was struck during the evening when Mr Smart referred, in respect to insuring against product liability, to chemists "actually supplying a cheaper equivalent in dispensing the physician's prescription". Surely this was unnecessary—why not also mention bad prescribing for example?—and will only serve to confirm the profession's belief that pharmacy and the industry are often much further apart than they should be.

Trials clearance to be speeded up

A "negative clearance" scheme to replace the existing clinical trial certificate system under the Medicines Act was announced last week by Mr Patrick Jenkin, Secretary for Social Services.

Speaking at the jubilee dinner of the British Pharmaceutical Industry, Mr Jenkin made it clear that he was in no way proposing to relieve companies of the need to carry out fundamental safety studies before any tests involved patients. Some safety aspects would be tightened up. The changes would make it markedly easier for firms to carry out clinical trials than it had been in recent years.

After praising the pharmaceutical industry for its contribution to the revolution in the treatment of disease, Mr Jenkin said that foreign drug firms were alert to how remarkably prolific Britain had been in new discoveries in biological science. The industry had been particularly skilful in the management of research and in turning scientific discoveries to commercial account. And while the Government regarded the fight against inflation as the first priority, it was also anxious to give greater encouragement and incentives to the "enterprise sector of the economy".

Private initiative

Mr Jenkin went on: "The mainspring of a nation's economic vitality must be private initiative, widely dispersed and properly rewarded. Governments, as such rarely create any wealth themselves. But many Governments have in the past made it damned difficult for anyone else to do so."

After referring to the "ever popular sport of bashing the pharmaceutical industry", Mr Jenkin said that in recent weeks the "industry bashers" had gone to town with allegations that certain products were unsafe. "Of course, allegation of dangerous drugs will always make the headlines. A potent drug which is capable of curing a serious disease cannot ever be certified as completely safe . . . What drug safety is about is balancing that risk against the therapeutic benefit."

Turning to clinical trials for new drugs, Mr Jenkin said that in respect of the regulatory requirements the UK was out of line with practically all other developed countries.

"Our requirements are unnecessarily rigorous and inflexible. As a consequence, there is a risk of early developmental work on new drugs going abroad, to the detriment of the UK industry and with a loss of expertise in our departments of clinical pharmacology."

The procedure had now been reviewed and the Government was in effect proposing a "negative clearance" system (see page 750). The change should

make it markedly easier for firms to carry out clinical trials in Britain, Mr Jenkin concluded, but added: "I am determined to maintain the existing safeguards. These are to require the company to notify the Department of any adverse effect or of any other information from any source coming to its attention and reflecting adversely on the safety of the trial. My officers will remain free to withdraw the exemption on receiving such information, either through the company or through some other sources. And the exemption will be subject to a hospital or district ethical committee approving the trial protocol." *ABPI president's speech and details of trials scheme pp748-750.*

It's different over the counter

The problems of educating pharmacists were highlighted in the *Financial Times* last week as part of a 12-page survey on the pharmaceutical industry.

An article headlined "Training for profession's changing role" commented: "As students, pharmacists become knowledgeable on the function of beta-blockers, the role of neurotransmitters and the importance of cell biochemistry, and spend long hours on complex laboratory experiments investigating the interaction of drugs in animals.

"But on graduation many face a different reality across the pharmacy counter for which their studies have left them ill prepared. What to recommend to cure a rash or a cough, how to cope with a customer who has swallowed the powder out of his capsules and brought the cases back for a refill, or a drug addict with an obviously forged prescription. The contrast is just one example of a series of complex educational problems facing the pharmaceutical profession."

Greater advisory role

The article goes on to explain how pharmacists are moving into more of an advisory and less of a technical, dispensing role. "Perhaps the greatest step forward in providing a framework for postgraduate work, continuing education and for raising the status of pharmacy and encouraging excellence is the planned College of Practitioners" for which entry would be by examination or distinguished contribution to pharmacy.

Another article, headlined "Liaison between doctor and chemist grows stronger," is based on an interview with the Pharmaceutical Society's president, Mr David Sharpe, and outlines how pharmacists give advice to both public and

doctors about medicines. Elsewhere, the survey investigates resale price maintenance and the Franks Panel recommendations, commenting that: "Although the net reduction of small chemist shops appears to have peaked in 1975 and despite the fact that chemists appear to be the only beneficiaries of the current wholesale price war, the longer term futures of the retailers appear to be bound up with those of the wholesalers

Prospects for the industry

The survey was published in celebration of the fiftieth anniversary of the Association of British Pharmaceutical Industries—an industry which worldwide was said to be, "entering a new and more difficult phase of development."

The article details this "difficult phase" in terms of increased Government regulations on research and marketing; price controls; cuts in public spending on health care and the increased use of generic drugs—"at the expense of the branded medicines that are the life blood of the research-based companies." But the survey is far from pessimistic about the prospects for the industry, pointing out that "new approaches to the research"—for example the concentration on disease biological mechanisms and on the body's own natural defences rather than on the screening of compounds—"are opening up the possibility of more fundamental and far reaching discoveries being made than ever before".

A particular strength of the UK pharmaceutical industries is seen in the ability to attract investment in both drug research and production.

Progress towards EEC co-operation

Although it is not easy to reach international agreement on standards in the pharmaceutical industry some progress is being made, according to Mr C. A. Johnson, secretary and scientific director of the British Pharmacopoeia Commission.

Within the EEC, a Directive listing EEC-approved colourings had been issued and a procedure adopted whereby a product licence application for proprietary medicines could be submitted via a central body simultaneously to five national registration authorities, although each authority retained its independence and made its own decision.

Moves towards mutual recognition of inspections within the European Free Trade Association have progressed even further, Mr Johnson said, during his AP Wallace Hemingway lecture, given at Bradford University last week. Frequent meetings are held between the national inspectorates to discuss inspection procedures and standards with the aim of reducing the number of foreign inspections—a costly activity. Last year UK inspectors visited about 200 companies abroad.

A further example of international co-operation was publication of the European Pharmacopoeia with the agree-

ment of 15 countries. The EP contains 350 monographs compared with the 2,000 to be included in this year's new British Pharmacopoeia. Ultimately the EP will become the standard, but Mr Johnson said it would require considerable expansion if it was to be comprehensive.

The Wallace Hemingway lecture was inaugurated with funds from Approved Prescription Services Ltd in memory of a former managing director and secretary of the company.

56 MPs sign early day motion

The House of Commons early day motion calling for "implementation of the Franks report" and a "permanent review machinery for settling the remuneration of pharmacists" had been signed by 56 MPs as *C&D* went to press on Wednesday. The leading signatory of this all-party motion is Neil Thorne.

An earlier motion—"That this House calls on the Government to set up without delay a Review Body to advise on the pay of retail pharmacists, as recommended by the Franks Committee"—had been signed by 29 MPs. The leading signatory is Mr Dafydd Wigley, a Plaid Cymru MP.

When asked by Mr Tony Speller when the Secretary for Social Services would announce his decision on the "review committee", Dr Gerard Vaughan, Minister for Health, said in a Commons written answer last week that he was "not yet in a position to say when a decision will be announced."

PSNC script charges advice

Prescription forms submitted to the Prescription Pricing Authority and Welsh Pricing Committee in May and succeeding months should have most prescription charges collected at the increased rate. Any forms with charges collected at the old rate should be clearly identified.

The Pharmaceutical Services Negotiating Committee says that a form FPN will be sent to contractors later this month asking them to record separately on form FP34A or FP34C the number of charges collected at the old and new rates. Contractors should also sort into separate bundles (labelled accordingly) prescriptions on which the old charge was collected.

Low cancer risk from sweeteners

A study published in *The Lancet* last week concludes that past use of artificial sweeteners has had a minimal effect, if any, on bladder cancer rates. The study involved interviewing 3,010 patients with bladder cancer and 5,783 controls in ten areas in the United States.

In the total study group there was no

evidence of increased risk to long-term users or to those first exposed decades ago. Hence a strong or moderate carcinogenic effect on the human bladder by artificial sweeteners as used in the USA in the past is ruled out. However, positive associations between bladder cancer and certain sub-groups in the study were noted. The authors point out that the pattern of positive associations is consistent with experimental data.

Three forms of artificial sweeteners were included in the study—table-top sweeteners, those in diet drinks and in diet foods.

Food preservatives rule changes mooted

Proposals were issued last week to amend the Preservatives in Food Regulations 1979. There are three principal amendments. First, the permitted uses of sorbic acid and methyl 4-hydroxybenzoate will be extended to include certain categories of foods not currently allowed to contain preservatives. This follows from recommendations by the Food Additives and Contaminants Committee.

The method of analysis for residues of 2-hydroxybiphenyl and sodium biphenyl-2-yl oxide in citrus fruit will be amended. This is to correct an error in translation which arose when the original EEC directive was translated from French.

Finally the list of foods permitted to contain preservatives will be amended to clarify the intention that canned fruit should not contain any preservative other than nisin.

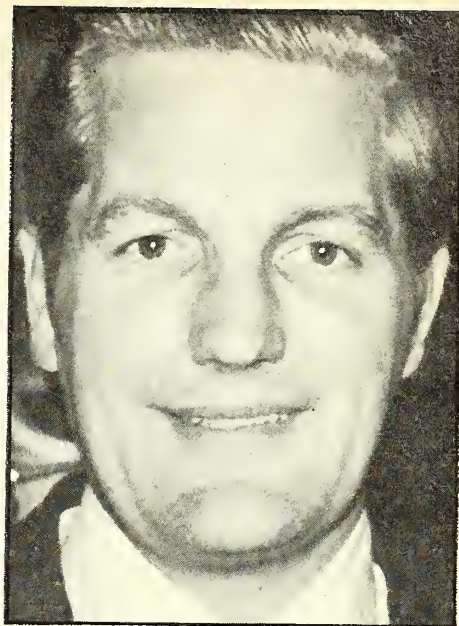
Copies of the proposals may be obtained from Food Additives Branch, Ministry of Agriculture, Fisheries and Food, Room 556, Great Westminster House, Horseferry Road, London SW1P 2AE. Comments on the proposals should be sent to arrive before May 22.

Aerosol fillings

Reductions in insecticide, hairspray and hairdressings aerosol fillings during 1979 helped to produce a total fall of 7.4 per cent over 1978 in an otherwise overall good year for the aerosol industry. Disturbances in world markets are said to have been largely responsible for the drop in insecticide fillings and short-term fashion trends influenced hairspray usage. This market, however, began to recover quite rapidly towards the end of 1979.

A British Aerosol Manufacturers' Association estimate of percentage total UK fillings for 1979, with the 1978 figures and the annual increases or decreases in parentheses, shows:

Insecticides of all types 60.5 (85.0, -28.8); air fresheners 30.0 (35.0, -14.3); hairsprays and dressings 103.5 (127.0, -18.5); colognes and perfumes 64.5 (70.0, -7.9); personal deodorants and anti-perspirants 52.5 (49.0, +7.1); shaving lather 18.5 (17.5, +5.7); medicinals and pharmaceuticals 34.0 (44.0, -22.7); other personal products 8.0 (2.5, +320.0).



David Coleman NPA chairman

Mr David Coleman has been elected chairman of the National Pharmaceutical Association's Board of Management, of which he has been a member since 1972. The new vice-chairman is Mr Lewis Priest and the treasurer Mr R. G. Worby.

Mr P. J. Gilbride replaces Mr G. Rillie as a representative of the Scottish Pharmaceutical Federation, of which he is currently vice-chairman.

Mr M. Gellman replaces Mr Priest as one of the NPA's five representatives on the Pharmaceutical Services Negotiating Committee, the other members being Mr C. D. Ross, Mr D. N. Sharpe, Mr P. Taylor and Mr J. C. N. Wilford.

Pharmacist's role in drugs policy

The pharmacist's role in the development and implementation of national drug policies covers a wide field. Pharmacists play a leading role in drug technology, research and quality control and have important roles in the fields of drug information and in educating patients about health. These are some of the comments made in a chapter entitled "The role of the pharmacist and the physician" in "National Drug Policies," a publication of the World Health Organisation.

This publication aims to provide a comprehensive picture of national policies concerning marketed drugs by reviewing the roles of the people and services most closely involved. As well as the pharmacist and physician, chapters are devoted to the consumer, the manufacturer, social security and the control agencies. The potential contributions of the universities in research and training and of regional economic unions in drug licensing and control are also discussed.

Strip-pack quantity plea by NPA Board

Pharmacists should be allowed more flexibility in meeting the quantity prescribed when dealing with strip-packaged products, the National Pharmaceutical Association believes.

Last month's Board meeting heard a report from Mr John Wilford (chairman) and Mr Tim Astill (deputy secretary) on discussions with the Association of the British Pharmaceutical Industry during which ABPI explained problems manufacturers have to overcome when deciding the size and design of strip and blister packs. Points about non-standardisation of size and strip content, put forward by NPA, had been sympathetically received and an invitation was extended by the ABPI representatives to any member of the NPA Board interested in packaging problems to visit any ABPI member factory to see the problems for himself. Many conflicting interests had to be satisfied when designing packaging, not least the problems posed by European pharmaceutical practice which tended to be exclusively "unit pack".

A major point of agreement between the two sides was that the situation for UK pharmacists would be much easier if the NHS contract permitted greater freedom for pharmacists to vary prescribed quantities.

None to Standard

During the Board's discussion of the report, Mr Wilford produced sample cartons from his own dispensary, none of which was of British Standard size. Mr Bob Worby highlighted advantages of envelopes for packing tablet strips and Mr John Hendra referred to the problems posed by those preparations available in both strips and "loose" tablets—often at different prices.

The Committee identified three distinct aspects of the problem: *Carton sizes*—Despite the occasional difficulty of packing strip- and bubble-packed tablets elegantly (eg large-sized tablets such as Solpadeine and Paracodol), this was a relatively minor matter on which it might be impossible to take effective action. *Space*—Tablets and capsules packed in strips occupied much more space than the same quantity in bulk. It was agreed that manufacturers be asked generally, through the ABPI, to bear this in mind when designing packs and to do what they could to conserve space.

Prescribed quantities—Many doctors found it difficult to remember manufacturers' pack sizes and pharmacists were at present required to supply the prescribed quantity, subject to few exceptions.

The Board agreed that an approach be made to the Pharmaceutical Services Negotiating Committee and the Pharmaceutical Society with a view to joint representations being made to the Depart-

ment of Health to seek more freedom for pharmacists to supply the nearest convenient quantity to that prescribed. *Collis Browne's Compound*. It was reported that International Chemical Co, who had taken over the distribution of Collis Browne's Compound, were mounting an advertising campaign for the product, which had been on the Pharmaceutical Society's "restricted list". This was worrying some NPA members who were uncertain whether the Society's Council had changed its policy. Board member and PSGB president Mr David Sharpe commented that because of the radical change in composition of the product, he believed the Council had changed its policy and it was, therefore, again in order for members to sell the product as they would any other similar medicine. The Board expressed the view that it would be helpful to members if the Society made this clear to pharmacists generally.

Baby milks. A member in Staffordshire had written to complain about the price-cutting of baby foods by his local clinic who were selling, for example, Osterfood at £0.81 per packet when the best terms he could obtain were a purchase price of £0.91. It was decided that negotiations be re-opened with the DHSS with a view to transferring the distribution of baby milks from clinics to pharmacies.

Pharmacy security. A member in Somerset who had met Mr Astill at a recent branch meeting had described his alarm system which the police themselves had installed and paid for. The alarm consisted of a foot pad immediately in front of the CD cupboard connected to a radio transmitter. When activated, a message was radioed to a central police station. The police could be on the scene within minutes and the Somerset police were reportedly prepared to install such a system in any pharmacy which they regarded as "high risk". The equipment was basic and inexpensive but limited to the extent that each central receiver could handle no more than 50 alarm installations.

Fire alarm

Mr David Coleman (vice-chairman) reported to the General Purposes Committee that he had had a radio pad alarm installed in his pharmacy by the police. On the night of the first break-in after the installation, radio reception was bad and the police were not called. But the alarm was set off subsequently by a fire and the fire brigade was automatically called. Mr Coleman added that his insurance company were not too happy with the alarm as it was designed to apprehend thieves rather than prevent loss or damage.

It was decided to approach the Home Office with the suggestion that a more

sophisticated system be designed and installed in many more pharmacies at Government expense.

Product licence fees. The Board approved the sending of a letter in the following terms to the Department of Health about the suggested 40 per cent increase in the lower alternative amount for product licences under the Medicines Act:—

"Many of our retail pharmacist members hold product licences for their 'own name' products which are manufactured in a branch pharmacy, or by a contract manufacturer or which are modestly advertised. Most of these medicines, while enjoying a good local reputation, generate a very low turnover and will certainly not support a licence fee that is higher than a few pounds.

"We have made representations on this point before and had hoped that the Department had taken note of it. We realise that it is the Department's intention to cover administrative costs by the licence fees but we hope you will not consider it inappropriate for the 'smaller' products, to which we have referred, to be subsidised by the national brands and ethical. We fear that your suggested increase to £40 will remove many chemists' products from the market and we are sure it was not the intention for licence fees to price medicines out of existence. We hope you will reconsider the size of the increase for this item."

Wholesalers' supplies. Sympathy was expressed by the members of the General Purposes Committee for the sentiments expressed by a member in Scarborough whose local wholesalers had been reduced from three to two with the threat of closure of one of these. It was recognised, however, that trends in pharmaceutical wholesaling were at present being affected by forces beyond anyone's control. Particular concern was expressed on behalf of members in rural areas whose single remaining wholesaler was proving to be inefficient.

The Committee also re-iterated its concern about the injustice and hardship that would be caused by the Government's intention to "clawback" all the discount estimated to have been obtained by contractors. The Committee was aware that a substantial minority of NPA members had not had access to wholesale discounts until the autumn of 1979 and felt it would be grossly unfair to expect those contractors to pay back money that they had not had an opportunity of obtaining. Any variation in chemists' remuneration must be based on an inquiry as the Government's proposal to "guesstimate" the alleged level of discounting was unacceptable.

Advertising expenditure. Consideration was given to an advertisement circular by Menley and James for Sine-off. The advertisement stated that the product would be going on "TV in peak time from April right through until December with the equivalent of an almost £1 million national spend". It was decided to ask Menley and James what

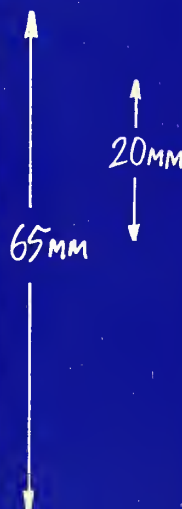
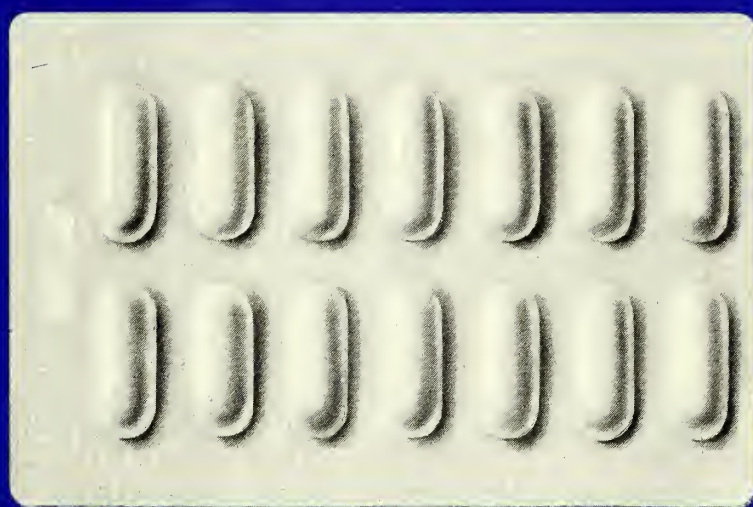
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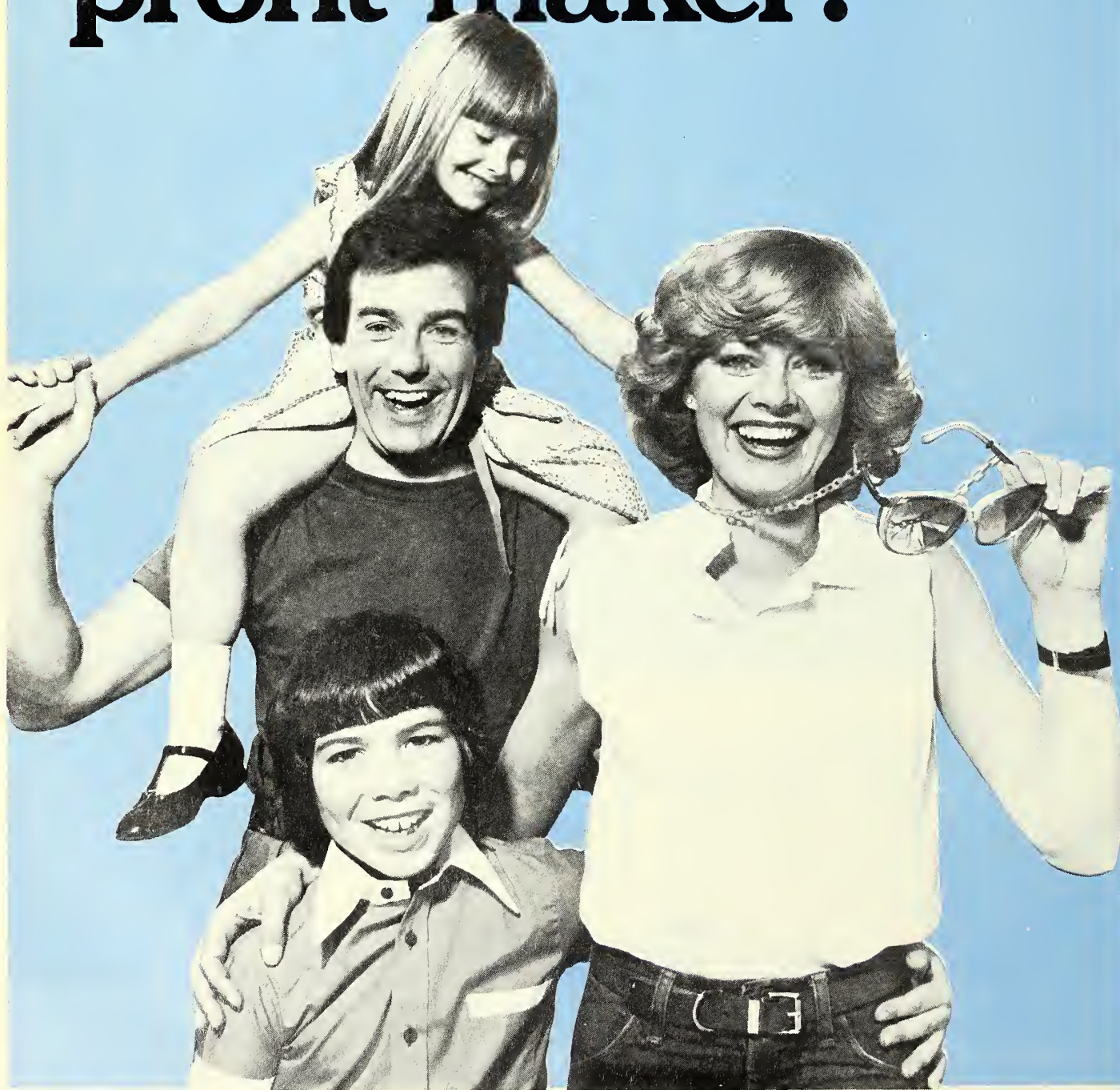
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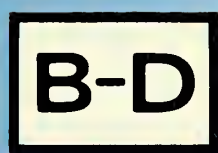
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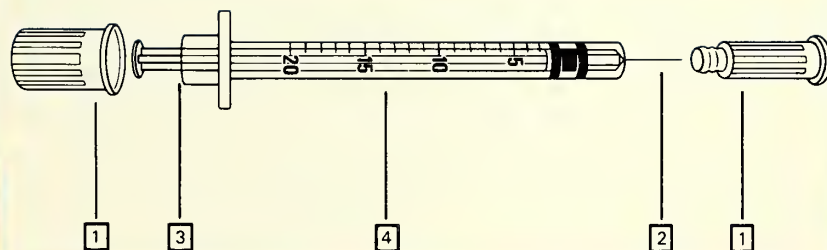
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Tel: Runcorn 72816.
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Please send me sample packs. ☐

Please send me display material. ☐

Signed _____
(or Pharmacy stamp)

Address _____

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Secret list of average mark-up figures?

A detailed guide has been reprinted in *Accountants Weekly* which reveals that Customs and Excise seemingly has a secret list of average mark-up figures to be applied in judging the reliability of traders' VAT records. This list, it is stated, normally is issued with the instructions that "on no account is a trader or indeed a VAT tribunal to be given any indication that officers have a guide of this kind."

Several business categories and five regional areas are included. Under batteries, average retail mark-ups in Scotland are given as 40 per cent, N. England 40 per cent with London and the South East, 45 per cent.

For cosmetics, the figures given are: Scotland, 70 per cent; N. England, 50 per cent; Midlands, 55 per cent; South and South West, 50 per cent; London and South East, 55 per cent.

Electrical goods (excluding radio and television) are shown as: Scotland, 50 per cent; N. England, 25 per cent; Midlands, 45 per cent; South and South West, 50 per cent; London and South East, 40 per cent.

Baby foods figures quoted are: Scot-

land, 25 per cent; N. England, 20 per cent; London and South East, 33 per cent.

The guide says that existing information indicates that, for some goods, mark-ups vary considerably from area to area and over a wide range of percentages. Even within a comparatively small trading area, it says, considerable variations exist. Some of the factors affecting the mark-up applied to a particular description of goods include location of premises; size of trader; and competition in the neighbourhood.

"Before any conclusion is drawn as to the accuracy of a trader's recorded outputs, the mark-ups actually applied by him are to be ascertained and, if practicable, tested," says the guide.

Customs and Excise has admitted that it does issue guidance to inspectors but does not make this known lest the figures included be considered hard and fast. This, say Customs and Excise, is not so—adding that the guide also points out to inspectors that no assessment is to be raised using the average mark-ups listed unless, by chance, the figures coincide with the traders' actual mark-up.

NPA report

Continued from p718

precisely they meant by this statement, and to ask Owbridges whether they had spent their projected advertising budget in support of the control.

□ In reply Menley & James have provided NPA with a detailed media schedule including adult TV ratings, coverage, opportunities-to-see and spend by month in London, in relation to the national network equivalent. In *C&D's* opinion it is justified to quote in national equivalent terms when a product is on test market or limited distribution and television is being used in all or most of the regions where the product is available. We try to eliminate from our counterpoints reports attempts by manufacturers to claim a "national equivalent" figure when a nationally-available product is being advertised solely in a few low-cost TV regions. Owbridges are understood to have confirmed their advertising expenditure—Editor.

BPSA sport day. Board member, Mr Bob Worby, who represented the NPA at the annual sports finals of the British Pharmaceutical Students' Association on March 8, awarded the NPA Victor Ludorum Trophy to Cardiff.

Product storage. NPA information leaflet no. 6 "Storage of pharmaceutical preparations" has been extensively revised and is being sent free to all members.

Ostomy cards. The Business Services Committee, with the Board concurring, agreed that the principle of using an

ostomy record card be adopted and the office authorised to produce and issue for sale a suitable card along the lines suggested by the Pharmaceutical Society. **Gas heaters.** The director of the Chemists' Defence Association noted during their quarterly meeting on March 25 that since publicity had been given in the pink supplement to the potential dangers of portable gas heaters and the availability of safety guards, only one claim had been received compared with 11 during the previous winter.

Mr G. T. M. David. The Board noted that it was Mr David's last meeting and express appreciation of the conscientious way in which he had carried out his duties as treasurer, from which post he was retiring at the end of March.

Mr J. Wright. Mr Wilford congratulated Mr Wright on the forthcoming award of the Pharmaceutical Society's Charter Gold Medal.

Unichem golfer

Many entries have already been received by UniChem as a first step to decide who is to be the 1980 "Pharmacist Golfer of the Year". The event is staged jointly by UniChem and Colgate-Palmolive and, in addition to competing for the UniChem trophy, finalists may win one of a number of other attractive prizes. Last year's winner, Mr Ian Macfadyen, MPS, Kelvinside, Glasgow, will be defending his title on September 24 at Hawkstone Park Golf Club, Shropshire. The 30 finalists will be the guests of UniChem and Colgate-Palmolive for the nights of September 23 and 24.

Revised VAT booklet issued

Following the changes in VAT registration limits announced by the Chancellor (*C&D*, April 15, p558) in his Budget statement, a revised edition of the booklet "Should I be registered for VAT?" has been issued by Customs and Excise.

The booklet explains what VAT is and how to calculate whether it is necessary to apply for registration. Copies are available from local VAT offices.

Paraffin to carry 15 per cent tax

Liquid paraffin, not used for the purpose of domestic heating, will carry 15 per cent VAT from May 1. This includes paraffin sold for medicinal purposes OTC—this was previously zero-rated. All medicines bought on prescription remain unlevied.

Customs and Excise Notice No 737 records the change, made in the recent budget, and is available from local Customs Excise offices.

NEWS IN BRIEF

□ A review of safety policies in a variety of workplaces has been published by the Health and Safety Executive. It was prepared by the Accident Prevention Advisory Unit of HM Factory Inspectorate and emphasises that it is not possible to offer "model" safety policies applicable to all workplaces. It suggests ways and means of introducing and managing a policy within an organisation and points out pitfalls which can prevent that policy's stated objectives from being realised at the workplace. ("Effective policies for health and safety", HM Stationery Office, price £1 plus postage. ISBN 0 11 883254 9).

□ A slide sound presentation produced and published by Camera Talks Ltd, 31 North Row, London W1R 2EN, provides starting points for discussion on "What do you think about smoking?" Slides in boxes are available (sale or return) at £7.95 per part.

□ Chemists and appliance suppliers in Northern Ireland in January dispensed 1,197,267 prescriptions (739,803 forms) at a gross cost of £3,319,582 representing an average cost of £2.77 per prescription.

□ The total number of prescriptions dispensed by chemists and appliance suppliers in Scotland during January was 2,994,000. The gross average cost was £2.82.

□ The retail price index for March was up 1.4 per cent on February, to an index of 252.2. The increase on March 1979 is 19.8 per cent.

□ The recent fall in the price of silver is £1.70 per ounce and not as stated in *C&D* last week, p664, when the decimal point was inadvertently omitted.



CASH & CARRY
39/55 PHILIP LANE,
TOTTENHAM, N.15

SPECIAL OFFERS PERIOD 5 28th APRIL-23rd MAY 1980

PALMOLIVE SOAP

FAMILY
CASE OF 36 **6-35**

BATH CASE
OF 72 **8-20**

COLGATE
FAMILY SIZE

8-12

PER CASE OF
24

**HEAD AND
SHOULDERS**
NORMAL & GREASY

SUPER 6's **4-55**

FAMILY 12's **5-67**

LARGE 12's **4-20**

VO5 SHAMPOO

300ml
PACK OF 6 **2-25**

150ml
PACK OF 6 **1-60**

VO5
CONDITIONER

1-66

100ml
PACK OF 6

**LONDON &
THE SOUTHS LEADING
SPECIALIST CASH & CARRY**

**COME AND SEE OUR FULL RANGE
OF TOILETRIES, HEALTH AND
BEAUTY AIDS CHEMIST SUNDRIES
AND PAPER PRODUCTS
ALL AT DISCOUNT PRICES.**

OPENING TIMES

Mon - Tues 8.30 am. - 7.00 pm.

Wed - Fri 8.30 am. - 5.00 pm.

Thurs (Late Night)

8.30 am. - 7.30 pm. N.B. Last
customer admitted one hour
before closing.

HAZE

+20% EXTRA FREE

2-96

PER 12

SONA
BATH SALTS

2-50

PACK OF
12

**WOODLEIGH
GREEN SOAP**
6p OFF

5-35

CASE OF
48

SNUGGLERS

NIGHTTIME
PACK OF 12 **13-90**

TODDLER
PACK OF 12 **14-93**

DETTOL

500ml
CASE OF 12 **5-87**

250ml
CASE OF 12 **3-73**

**ALL PROMOTIONAL OFFERS
SUBJECT TO AVAILABILITY AND VAT WHERE APPLICABLE**

E & O E

Together^{ness}.

For a good many years
**Macarthy's Ltd, Martindale Sammoore Ltd
and H B Dorling Ltd,**
all members of the Macarthy's Group,
have traded under their own titles.

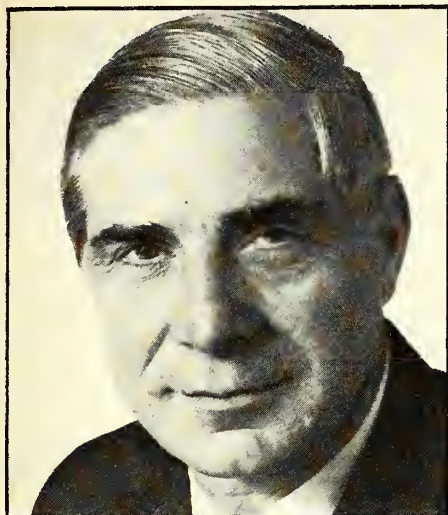
The Macarthy's Group has always had a name
synonymous with service.
And it remains a fundamental company objective
to advance the quality of service
still further.

One way of doing it is to improve efficiency.
So from 1 May 1980
we are streamlining the three operations
under the one name

Macarthy's Limited

Head Office
Chesham House Chesham Close Romford Essex

Depots at
Birmingham/Caerphilly/Cambridge/Cheltenham/Dagenham/Dartford
East Grinstead/Edinburgh/Glasgow/Kings Cross/Lee/Norwich/Oxford
Romford/Southend/Wakefield/Weedon/Wembley/Whitefield/Worsley



Mr Girolami

Mr Paul Girolami, above, will succeed **Sir Austin Bide** as chief executive of Glaxo Holdings Ltd on the retirement later this year of Sir Austin, who will be 65 in September. Mr Girolami is currently financial director. Born in 1926, he was educated at the London School of Economics. After a professional background with a chartered accountants, he joined Glaxo in 1965 as group financial controller and was appointed to the board of the parent company in 1968. Mr Girolami will take over from Sir Austin when a new financial director has been appointed, which will not be before October 1, 1980. Sir Austin will continue as chairman of the board.

Mr Len Renwick, FPS, is to retire as managing director of Mawson and Proctor Pharmaceuticals Ltd on April 30. **Mr Brian Atkins, MPS, Newcastle-upon-Tyne**, writes: "Mr Renwick is well known in the north eastern enclave for his work as a highly efficient Northumbrian Branch treasurer for many years, treasurer of the Border Region and treasurer of Newcastle BP Conference 1960. He has been with Mawson and Proctor for 47 years, joining them at their Newcastle Grainger Street pharmacy in 1933. With the approach of the NHS in 1948 he, along with Mr Austin McGuckin, prepared the change in business emphasis from galenicals to 'ethicals.' He simultaneously supervised the move of the Mawson and Proctor warehouse from Grainger Street to St Crispins Buildings where the first 'ethical' wholesale business in the north east began. For several years they were undisputed leaders in this market. During his years in pharmacy this retiring man has organised *Synapse* (the branch newsletter) run the branch register, organised a special train to the Royal Albert Hall meeting in 1965 . . . the list is endless. We wish him well in his retirement."

Deaths

Thorns: On April 8, Mr Harold Sydney Thorns, MPS, of Nether Green, Sheffield, South Yorkshire. Mr Thorns registered in 1951.

by Xrayser

Flu profits catch a cold

Like a good few other pharmacists I have seen my annual turnover of 'flu vaccines decline over the last couple of years from quite substantial numbers—in my case from about a gross—to perhaps two or three dozen. I have seen the correspondence in the journals, and myself asked my local LPC member if anything could be done to halt this transfer of business to the doctors. The answer, it seems, is an official "No". Even so I was surprised last year when the doctors of my nearest practice also joined the direct-buying brigade, for I am on good terms with them, and thought they had enough sympathy for our problem not deliberately to reduce the volume of my business. When I mentioned that, if necessary, I would be willing to supply them even at a discount, they coughed and mumbled and changed the subject.

Mr Kerr's statement at a conference of northern Community Health Councils last week makes it all clear at last. Who could resist an offer from a manufacturer of six dozen free with every six dozen ordered? Of course the doctors were influenced by commercial reasons—just as we are influenced by discounts offered by the wholesalers at present, even though we can see that in the long run they will do our profession little good. Since each year the new vaccines issued appear to be identical, or so nearly so as to make no difference, it does not seem unreasonable to choose on price.

However, in view of the way in which the DHSS has so closely monitored our buying prices and adjusted our payments with their calculation of discount, I can see no reason why that meticulous Government department, dedicated to obtaining pharmaceutical supplies at the lowest possible price, could possibly justify payment to doctors which allows them to make up to 100 per cent on-cost profit while we have to manage on 10 to 17 per cent. Something wrong somewhere?

Ostomy care

Have a care when passing on some of the "free advisory service" offers from manufacturers and distributors to your patients, because you may find that your well-intentioned helpfulness loses you your regular customer. I feel mean in even mentioning the matter, but the note in last week's C&D mentioning the wide ranging customer services offered by Searle Medical Products is a form of publicity which one would take to imply a helpful manufacturer's method of promoting the sales through us. Be aware that, as I understand it, some ostomy product manufacturers are themselves in fact contractors under the NHS for the supply of these products. Further than that, a colleague of mine who dealt regularly with a distributor discovered, attached to a script for bags, a prepaid envelope addressed to the company. The customer was apologetic and said that although she knew that she was supposed to send her script on by post, she needed them now and would it be alright for her to get them from him just this time?

Too near the bone . . . ?

As you may guess he corrected this misapprehension, and supplied her needs, but we both thought that this type of advertising, thinly disguised as a service, is too near the bone by far. If the manufacturers and suppliers are going to compete with us by such methods then the smaller retail pharmacies are going to find it increasingly rare for them to get any new colostomy patients at all. These "experts" employed by these companies are dealing directly with the surgeons and surgical departments of our hospitals, sometimes seeing fresh patients to "advise" and are thus using their position directly to intercept patient and prescription. How we, who have to remain in our pharmacies eight hours a day, are to compete with this aggressive selling I do not know. Perhaps the PSNC may be able to give us some guidance?

NEW!

**“Whats new
for breakfast
Mum?”**

**Three winners
from
milupa**

**A new
generation
of baby foods**



milupa

NEW!

add three new winners to your shelves



Granulated Rusk with Mixed Fruit.

A new fruity-tasting companion product to the highly successful Granulated Rusk. The mixed fruits include pineapple, apple, banana, and orange—introducing Baby to new and delightful tastes for the future.



Oat Breakfast Cereal. Oat Breakfast Cereal with Apple.

Two new breakfasts for Baby, based on the tradition of oats! Now the Milupa range offers the choice of rusk, wheat, rice and oat-based products—and all designed and fortified to satisfy Baby with a variety of balanced nourishment.



- 11 vitamins plus Vitamin C
- Added calcium and iron
- Modified milk already added
- Oats and apple add fibre to diet
- Easy to digest
- Excellent taste
- Fast convenient preparation

Ask your Milupa representative about the bonus on the three new products, or contact Milupa Ltd., Milupa House, Cowley Peachey, Uxbridge, Middlesex. Tel. West Drayton 48286.

milupa®

bringing baby food business back to the chemist.

COUNTERPOINTS

Unicliffe's Mintguard enters national mouthwash market

Mintgard mouthwash is being nationally launched by Unicliffe, following successful comparative product tests. Two sizes will be available—200ml (£0.69) and 400ml (£1.09).

Nearly two-thirds of test respondents in the UK preferred it to Listermint, according to Keith Lewis, marketing manager. "We have great confidence in Mintgard because it is a better product. The packaging is stronger, the flavour preferred and we have the unique and valuable property of the TCP name". A £500,000 advertising budget is planned for the first six months split between television and radio. A 30-second commercial, based on the theme "For fresh breath confidence be on your Mintgard", begins in June.

Mintgard will also be promoted in *The Slimming Question*—Unicliffe's consumer publication available through independent pharmacies. A series of dissonance contests will be sponsored by Unicliffe later this year. The company expect the mouthwash market to develop in a similar way as in the USA, where it is half the size of the toothpaste market. "Eighteen months ago the cosmetic mouthwash market in the UK was virtually non-existent" says Mr Lewis. "The therapeutic market, worth around £6m, was dominated by TCP, the lead-



ing brand for many years. With Listermint proving to be a success, with the launch of Elida-Gibbs' Reply into the test market and the national launch of Mintgard, the cosmetic section of the UK mouthwash market is set to expand at a rate which will make it worth over £20m by 1983". Unicliffe Ltd, 5 Trident Way, International Trading Estate, Brent Road, Southall, Middlesex UB2 5LF.

Health and heritage promotion

Corona Soft Drinks are launching a "Health and heritage" promotion for C-vit blackcurrant health drink.

A collar on the bottle neck contains a coupon entitling the purchaser to a voucher, worth up to £1, for free entry to any one of over 50 historic houses. Each voucher can be used by anyone under 16 when accompanied by a full-paying adult. There is no limit to the number of vouchers any person can use.

Among the houses co-operating in the scheme, all members of the joint sponsors the Historic Houses Association—are Longleat, Goodwood, Castle Howard, Loseley and Knebworth Houses; Leeds, Powderham, Inverary, Hever and Sudeley Castles and Scone Palace.

Every recipient of a voucher will get a free, illustrated 16 page booklet on the selected houses as well as a souvenir car sticker. Vouchers are valid until September 30, 1981.

Mark Hayter, product manager for C-vit, explains: "As far as we know, the historic house theme breaks new ground for a soft drink promotion. C-vit is a family health drink and this offer involves the whole family. The vouchers



will be valid for 18 months, covering two house opening seasons. This long-running scheme helps us to correct the mistaken impression that C-vit is a seasonal drink kept under wraps until winter ills descend upon us. In fact, C-vit has all-year-round value with nearly half its sales occurring in the May/October period."

POS material, including window bills, posters, cards and stickers will support the promotion. The Health and Heritage special offer bottles will be on the shelves nationally from May. Corona Soft Drinks, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.

Milupa extend infant food range

Milupa are to add three new varieties to their infant food range—oat breakfast cereal, oat breakfast cereal with apple and granulated rusk with mixed fruit.

Oat products, the company says, have always been a popular choice at breakfast time and the two new cereals have been produced in answer to requests for more variety in the breakfast range.

The granulated rusk variety contains apple, pineapple, banana and orange.

The new products will be supported by advertisements in the May and June issues of medical and mother publications. In-store merchandising will include announcement showcards, shelf wobblers and display trolleys. Milupa Ltd, Milupa House, Lyons Estate, High Road, Uxbridge, Middlesex UB8 2JA.

Rapide campaign

Reactolite Rapide glass is to be supported by a £300,000 spend in the UK. The promotion includes the current five-week regional television campaign which will be supported by Press advertisement in the *Sunday Times* and *Observer* supplements and popular women's journals. Chance Pilkington Ltd, St Asaph, North Wales.

ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Alka Seltzer: All areas
Ambersol: Lc, NE, B
Anadin: All areas
Braun Electric: All areas
Clearasil Clearguard lotion: Ln
Crest: M, Lc, Sc, B
Dylon wash 'n dye: Ln
Exlax chocolate: Sc
Gillette Contour lightweight: All areas
Grecian 2000: All areas
Head & Shoulders: All except G, E, Ci
Ipsos: All except E
Limmits: All except Ci
Natural Balance: All areas
Nivea: All areas
Oil of Ulay: All except E
Paddi Pads: All areas
Ronson Spirotechnic: Ln, Sc, So
Reactolite Rapide: Ln, M, Lc, WW, So, A, We
Scholl: All except E, Ci
Sine-off: Ln
Slender: All except U, E, Ci
Sunsilk shampoo: All areas
Slimguard: All except E, Ci
Vitapointe: All areas

Broad spectrum treatment for athlete's foot

Janssen Pharmaceutical Ltd are introducing Brentan cream (15g, £1.70) containing miconazole nitrate 2 per cent w/w as a treatment for athlete's foot. The product is based on the rationale that the pathogens involved may be fungal or bacterial and need to be treated with a preparation having a broad spectrum of activity.

The cream is being marketed initially in the Midlands and south of England. Two display units are available and as an introductory bonus the units, containing five tubes, will be available for the price of four tubes. The product is pharmacy only. *Janssen Pharmaceuticals Ltd, Janssen House, Marlow, Bucks.*



Spray cooking oil from Limmits

Limits have expanded their range with Spray & Fry, a vegetable cooking oil. The non-cholesterol oil is in packs of 117ml (£0.99) which are said to "go as far as 2 litres of cooking oil". It is dispensed by a pump-action spray which gives a light coating and enables food to be fried with far fewer calories than is possible using conventional fats or oils.

Spray & Fry is seen as an important market opportunity for chemists, according to Nick Gibbons, marketing manager. It is described as a good margin product, taking up little shelf space, and suitable for the slimming or health section. A national television campaign, worth £500,000, will show a 30-second commercial with the theme "The light way to fry". This will be backed by advertising in the women's Press. *Uniclife Ltd, 5 Trident Way, Brent Road, Southall, Middlesex UB2 5LF.*

September launch for French fragrance

Ivoire de Balmain, said to be the premier fragrance in France, is to be launched in this country in September.

A mixture of bergamot, galbanum, cinnamon, wormwood, ylang-ylang and chamomile with jasmine and olibanum, the perfume comes in black, gold and ivory packaging and is presented in imitation ivory bottles. Ivory, Pierre Balmain says, was chosen as a personification of the image of woman.

The range comprises parfum (7.5ml, £19.75; 14ml, £29.50; 28ml, £49.50), parfum atomiseur (7g, £21.50), eau de toilette (100ml, £16.75; 200ml, £25.50) and atomiseur (15g, £8.95; 50g, £12.75; 100g, £18.95). *Parfums Pierre Balmain, 86 Brook Street, London W1Y 2BA.*

Kleenex tissues; Libresse Pennywise; Nair lotion with baby oil; Polaroid 1000 camera; Polaroid SX70 film; Silvikrin hairspray and shampoo; Simple Soap; Sylvania Magicubes, flashcubes, super 10 flipflash and flashbars, Tufty Tails nappies, Vaseline, Wella and Wilkinson bonded razor and bonded blades. *Sangers Ltd, Cinema House, 225 Oxford Street, London W1R 1AE.*



Warner address change

From May 1, all orders for Warner P-D retail, Parke-Davis prescription, William R. Warner prescription, and animal health and veterinary products, including those from customers serviced from Carfin, should be sent to sales order control, Warner P-D, Usk Road, Pontypool, Gwent NP4 0YH. Telephone orders may be given to the sales order control department at Pontypool (04955) 2468 during office hours and may be dictated on Pontypool 3468 outside office hours.

All products will continue to be stocked at and delivered from Carfin and inquiries about the delivery of orders should still be directed to Carfin. Invoice inquiries should continue to be directed to the customer service unit at Pontypool, and remittances sent to Chestnut Avenue, Eastleigh.

Sangers' May offers

The May Supersavers from Sangers are: Aspro, Aquafresh, Arrid, Ayds, Body Mist, Cow & Gate baby meals, Cream Silk conditioner, Elastoplast Airstrip/fabric; Fenjal; Head & Shoulders;

The recently-introduced OTC packs of Actifed tablets, each containing two blisters of six tablets. The tablets are white, scored and coded Wellcome M2A on one side. Display outers hold 12 packs in yellow, black and white. *Wellcome Foundation Ltd, Crewe Hall, Crewe, Cheshire.*



SalesExtra Ltd — THE NATIONAL SALES FORCE

60 Sales Areas — 13 Regions

We Sell-in Ex-Car to Independent Chemists, take Transfer Orders through the Wholesale Trade, and carry out Display and Trade Incentive Promotions.

NATIONAL — REGIONAL — AREA COVERAGE

We can cover 6000 Independent Chemists in our areas in a 3 week period or call on nominated outlets.

Use SalesExtra for successful Product Launches and Distribution Drives of O.T.C. and other non ethical Products.

SalesExtra Ltd., 30, Hammersmith Broadway, London W.6.

01-741-1763.

Lastonet create a fashion image and extend ranges

Lastonet are "quietly but significantly" changing their image and have adopted a theme based on "House of Lastonet" to indicate their belief that surgical and support hosiery should not be seen as lying outside the world of fashion.

The company explains: "Increasingly our customers are looking for lighter weight, fashionable stockings and tights in a variety of colour shades as they recognise the value of surgical and support hosiery as an essential part of the leg care, good health and appearance. The 'House of Lastonet' theme has been designed to reinforce this view and at the same time confirm the company's image of quality."

Part of the image-building will come from point-of-sale and promotional material. This includes window stickers, information packs, stock order forms and product information leaflets for the chemist. Hosiery measurement forms are also being redesigned and will be introduced shortly. Increasingly over the next few months Lastonet packaging will reflect development of the image in design and, where appropriate, the pack construction will be improved for strength and ease of storage.

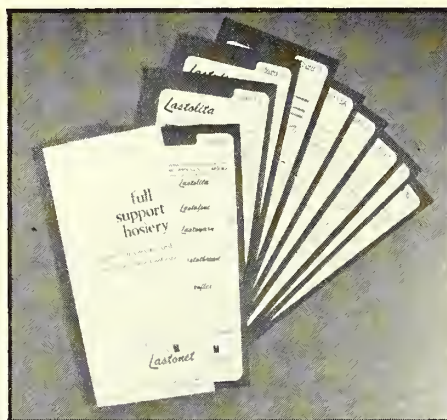
Information pack

An information pack on surgical and support hosiery (see illustration) contains eight product cards and an index. Each card gives the NHS specification, where appropriate, and the corresponding hosiery type; sizes, fabric and shade options are detailed and, for easy reference, an NHS "flag" indicates products which are available on prescription. The wallet and cards are laminated for durability.

Product ranges have also been extended. The principle colour shades of dawn ("a natural choice for daytime wear") and dusk ("a rich brown for evenings") are now available in all the Lastofine, Lastolita and Spanflex range of hosiery; in addition Lastolita stockings and support tights are now available in black. The Spanflex range is being introduced in new mink ("a very pleasant modern colour") and special display material is available for it.

Spanflex range extension

The Spanflex range of sheer Lycra support stockings and tights is extended to include maternity support tights. Designed principally to give a light but positive support to the legs in early pregnancy, the tights have a front panel which extends to allow for the steady growth of the expectant mother yet giving increasing support as the child develops. Available in dusk, dawn, and



new mink in all sizes from 30-42in hip measurements (£8.54).

Cotton crepe bandage

Another recent introduction is a range of BPC cotton crepe bandages; these complement the existing BPC crepe bandages and are marketed under the same name Lastoyarn. The bandages are of flat construction (as compared with the pebbled appearance of the traditional crepe bandage) which allows support and even compression across the whole of the width—particularly important where large areas need to be supported as in the treatment of varicose veins.

The bandages are available in flesh and natural white in 5, 7.5, 10 and 15cm widths. (only the 7.5 and 10cm sizes are prescribable on FP 10). *House of Lastonet, Carn Brea, Redruth, Cornwall.*

Gillette couponing

Gillette shaving are to embark upon their biggest-ever couponing exercise to broaden sales of the Contour de luxe and lightweight twinblade shaving systems.

Gillette believe the redemption of coupons (50p will be offered off any Contour razor) will not only strengthen public awareness of Contour, but also introduce the product to new users, and ultimately present Gillette retailers with even further increased profit opportunities.

Initially, the couponing will comprise a door-to-door drop in the Greater London, South Coast, Leicestershire, Bristol and Cardiff areas. Running concurrently will be a shopping precinct operation involving girls handing out leaflets which must be redeemed on the day at relevant outlets. This scheme will commence on April 26 at the Birmingham Bull Ring shopping centre. *Gillette UK Ltd, Great West Road, Isleworth, Middlesex.*

Packaged dog food from Spratt's

Spratt's are launching nationally Complete Menu, a packaged dog food. The product offered is said to give the consumer a cost-saving of approximately 50 per cent against conventional feeds.

Spratt's Complete Menu is described as a nutritionally complete, balanced diet which can replace tinned food and dog meal. The product particles are bone-shaped and red-brown in colour and need only be served with water.

Complete Menu will be marketed in 700g cartons (£0.58), and 2.5kg carry-home bags (£1.87). Spratt's will be supporting Complete Menu with trade bonuses. *Spratts Patent Ltd, Central House, Cambridge Road, Barking, Essex.*



Agfa POS material

Agfa-Gevaert have produced a new range of POS material in support of their £1½m campaign to promote Agfa pocket cameras and other products. Crowners have been designed to advertise the company's promotional offer of a £10 refund to purchasers of motor pocket cameras. These can be used to augment any of the wide range of display units available.

Buyers of Agfa's Agfachrome CT 18 or CT 21 35mm colour slide film in twin-film Valupaks will receive a voucher worth up to £1 if the purchaser sends a film for processing before July 1, 1980, while 50p will be given on a film processed between July 1 and October 1, 1980. *Agfa-Gevaert, Great West Road, Brentford, Middlesex.*

Mycil, Sea-legs bonus

Details of a bonus of 11 as 10 on Mycil athlete's foot preparations and Sea-legs travel sickness tablets are available from Farley Health Products' sales representatives, who also have point-of-sale material supporting both brands. *Farley Health Products Ltd, Torr Lane, Plymouth.*



THE FOUR NEW FACES OF WISDOM.

In the area of toothbrush design there is no greater name than Wisdom, the brand leader that sets the standard.

And now Addis present the Wisdom Mouth Master range. Four new brushes combining the most advanced specifications of the dental profession with the expertise and quality gained from 200 years in oral hygiene.

The Mouth Master range incorporates:

Multi-tufted, flat-trimmed heads for more effective plaque removal.

End-rounded nylon filaments to avoid soft tissue damage.

Round-head shape for greater mouth protection.

There are three sizes:

Mouth Master Major

With four-row brush head of a size suitable for the average user.

Mouth Master

Smaller three-row head, ideal for those who have smaller mouths.

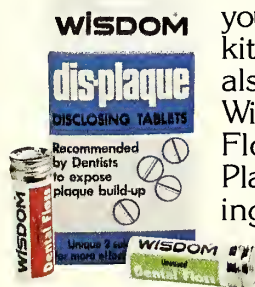
Mouth Master Minor

Designed for children and for people who prefer to use the smallest head size.

And...

Space Master

Goes where conventional brushes cannot reach. Four tapering tufts ensure a much gentler action on the gums and easier access between the teeth.



Maximise your presentation of all the Wisdom oral hygiene products with a compact Mouth Care display stand.

Finally, you should hear what Dame Edna Everage has to say about Wisdom toothbrushes.



For, in this, Addis's Bicentenary year, Wisdom is being promoted through a £300,000 national television campaign featuring international megastar Dame Edna Everage.

Tremendous consumer demand for the entire range is expected in 1980.

So, make sure you are ready.

Wisdom, the brand leader in mouth care.

WISDOM[®]
MOUTH MASTER

Two new from Stafford

You know about Sensodyne toothbrushes. Adult and children's models, and a special one for sensitive teeth. High-quality, premium priced, backed by heavy promotion to the dental profession and the public.

Now we're introducing two new Sensodyne toothbrushes to make the range more complete.

Sensodyne Interdental

Dentists recommend that a single-tuft toothbrush should be used routinely for cleaning the spaces between the teeth. The new Sensodyne Interdental has correct head/handle configuration with double-rounded Tynex nylon brushing filaments designed for long life and efficient penetration into the crevices. As this brush meets a definite professional requirement, it is anticipated that the level of dental recommendation will be high.



front runners Miller



Sensodyne Perio

Special-purpose
toothbrush with
extra soft filaments
for patients with gum
problems who need
a compact-head brush
with soft texture.

Both new toothbrushes, plus the whole range, are being promoted heavily to dentists via press advertising, sales force activity and direct mail. There's also a P.R. campaign running. All Sensodyne toothbrushes are premium-priced, with big profit margins for you.

There's also a new display stand to hold supplies of all the brushes and Sensodyne Dental Floss. The Stafford-Miller rep. will be offering you one.



But don't wait for that. Order the new Perio and Interdental brushes now. The demand will be there – and it'll grow.

Make sure you can meet it.

Sensodyne Toothbrushes

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Stafford-Miller Ltd.,
Professional Relations Division,
Hatfield, Herts. AL10 0NZ.

Close encounters with cash registers

Our country counter contributor here records a lifetime's experiences with that all-important piece of shop equipment—the till.

My great-grandfather was a Methodist minister in a mining community. Perhaps this accounts for the touch of snobbery in my nature, innate, ineradicable, inconsistent with very ordinary origins and despising the machinery of commerce.

At the small dispensing business to which I was bound apprentice 45 years ago the till was a rather elegant mahogany drawer with a slot on the top, two-thirds filled with glass. Through this orifice flowed sporadically a till roll bearing four vertical columns on which could be written the nature of the sale and the sum in pounds, shillings and pence. (The nearest to a pound I ever achieved was 19/9d, the price of a large Sanatogen in 1935). The intermittent movement of the roll was explained by the fact that it was actuated by an ingenious but comprehensible pawl and ratchet mechanism connecting drawer with a roller.

Recorded by a bell

On a wet half-day in April, twelve sales might be recorded. On Christmas eve, perhaps a hundred. To obviate theft, each movement of the drawer was sonically recorded by a bell, the amplitude of which was reminiscent of a glockenspiel rather than Big Ben.

On return from the wars, during several spells of locum work, the till had progressed in efficiency but not aesthetically: on the contrary. Keys were pressed, handles were pulled. With a whizz and a clang, the drawer shot out straight into the solar plexus of the unwary of average height, perhaps more painfully to those of us more than six feet tall.

Bootlace start

When I started on my own it was on a shoe-string metaphorically, but literally a bootlace had to do with cash control. The only relic of commerce left by my nonagenarian predecessor in his derelict premises was a primitive till consisting of two holes drilled half way down to form hemispherical concavities in a block of pine; one for copper; one for silver. Bank notes were seldom encountered.

With the help of my landlord, whose future rent depended on my success, we suspended this relic on a piece of enamelled iron separated from the underside of the counter by two billets of wood. Two staples and six inches of leather bootlace ensured that the till came out just short of its centre of gravity. Pound notes were accommodated under a kind of mouse-trap device elsewhere—after all, one seldom

took more than £50 per week. This till saw me through nearly twenty years until I sold the then overgrown business and sought refuge in more isolated rurality.

The retiring pharmacist in my present rural retreat bequeathed me an electric till. The only thing I hold against him in an otherwise open deal was this furtive legacy to which was attached a codicil of about £190 in outstanding payments. One hundred and ninety pounds to accommodate only two hundred and fifty pounds takings a week! Sheer madness!

Overcome by clamour

This till was powered by a cable which descended through the ceiling from the bathroom above. You only had to lean on it while thinking of other things for 240 compulsive volts to get to work. The drawer shot out to sub-solar plexus regions, lights dazzled puzzled clients with unreal sums before they had time to say "a large Beechams"... In any case, you would not have heard the end of the sentence for the clamour of the till bell.

Six years' loyalty

This was exchanged for a good steady Burroughs adding machine perched above a sub-divided metal drawer from which the bell had been removed. Although this over-optimistic instrument could record sales up to a million pounds a day in ranks of eight nines down to eight ones, it also told my wife and I that on a given day we had taken £48.23 of which £6.15 was zero rated (marked in pencil) and that 86p (marked with an asterisk), which is more than my typewriter can boast) was paid out to the milkman.

This loyal machine did all I asked of it for six years and required in that time only one new typewriter ribbon at less than a pound. In this time, like most men long wedded to a devoted partner, my eye had been roving in the Tescos, the John Lewis's and other big-town retailers in the loci of our Wednesday shopping excursions.

New, streamlined, seductive purring tills were attracting attention. It was not my affair whether they were connected to computer terminals in London, Leeds or just upstairs. They registered the sum tendered, the amount of change given. Their receptacles did not hit their civil, detached and charming operatives in the abdomen, neither did they have strident bells. Unwittingly I was being subliminally influenced.

When the technical representative called, I was fair game. He explained

without exhalation of tobacco smoke or jargon the merits of an electronic till. This miracle of inventiveness would tell me everything I needed to know about my small pharmacy. I could give Interfirm Comparisons more data than they could possibly digest—and all this for £600, amortized in two years (or is it twenty).

Coup de grâce

Anyway, my loyal machine suffered its coup de grâce on a Friday. By 10.30 am on Saturday its beautiful successor was installed. Now, a month later, this pharmacy has each day's transactions recorded. Four categories of goods are itemised: medical, toiletries, photographic and other lines. Pay-outs are likewise analysed and all this without abdominal injury, bell clanging and flashing lights. My old drawer with its restrictive bootlace is still a sentimental souvenir and I have more time to see to the personal needs of the varied clientele who consult a country chemist daily.

Could the same machine, suitably modified, do my work plus that of the dispensing doctor by 1990? Could we both, in economic harmony, leave the routine work to the machines so that our expertise can be fully used to help our patients?

I think that this could happen, but it will need the help of a Parliamentary minister who is above party politics and a medical profession who talk to their pharmaceutical confrères to see that "patients first" comes before "self-interest first". Inter-professional condescension will depart as we all become new recruits in the computer brigade.

Health Centre news

A Group practice at **Burwell**, Cambridgeshire, is seeking planning approval for the conversion of a property in Burwell into a health centre at a cost of £50,000.

The **Forth Valley Health Board** is to build a £520,000 health centre at Bowness, Lothian.

The **North West Thames RHA** is now recommended to approve stage 2 of the proposed Shefford and Flitwick health centres in Bedfordshire.

The **Borders Health Board** is to build a hospital and health centre in Peebles, at Hay Lodge. The health centre to be incorporated in a single storey section, and the present Hay Lodge clinic is to be converted for residential and non-residential staff accommodation.

The **Morley health clinic** at Corporation St, Morley near Leeds, is to have a £207,000 extension which will provide accommodation for eight family doctors, for autumn 1982.

Mersey RHA is seeking planning permission for a health centre at the junction of Pinfold Lane and Cornwall Way, Southport.

Lincolnshire AHA are to upgrade the health centre at Keelby near Grimsby at a cost of £50,000.



What do you recommend for indigestion and heartburn?

Many doctors now prescribe or recommend one of the new alginate/antacid formulations, and patients like them because they work so well.

Now there's an alginate/antacid product that you can recommend without hesitation because it's palatable (caramel flavoured) and easy to carry around — it comes in foil-sealed tablets — and also modestly priced.

NEW TOPAL

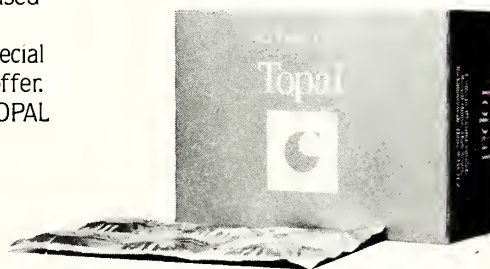
alginic acid with antacids

Topal comes from a major pharmaceutical group with companies in six European countries. Like all the company's pharmaceutical products it is sold only through retail pharmacies.

The launch of Topal is being supported by national detailing and press advertising to general practitioners, but the product may also be purchased without prescription.

There's also a special introductory trade bonus offer.

Full details on TOPAL and the bonus offer from De Witt International Ltd.



Concept Pharmaceuticals Ltd.,
a member of the Pierre Fabre Group
59-61 High Street, Rickmansworth, Herts. WD3 1EZ
Distributed by: De Witt International Ltd.,
Seymour Road, London E10 7LX
Telephone 01-539 3334

RING UP A 100% PRICE LAUGH OFF INFLATION

Don't miss out on UniChem's big May special offer promotion.

We've backed it with an irresistible window poster and a unique advertising campaign covering The Sun, Daily Mirror, Daily Record, Daily Express and Daily Mail.

There's also more in it for you than meets the eye.

Your sales are bound to gain from the big increase in store traffic. And just by taking part in the promotion



DEFLATE

| | | |
|---------------------------------------|-------|------------|
| Alberto VO5 (150ml size): | £3.30 | per dozen |
| Gillette GII (5 pack): | £9.59 | per 20 x 5 |
| Gillette Foamy (Regular size): | £4.48 | per dozen |
| Sunsilk Hairspray (200g size): | £5.02 | per dozen |
| Signal (large size): | £2.53 | per dozen |

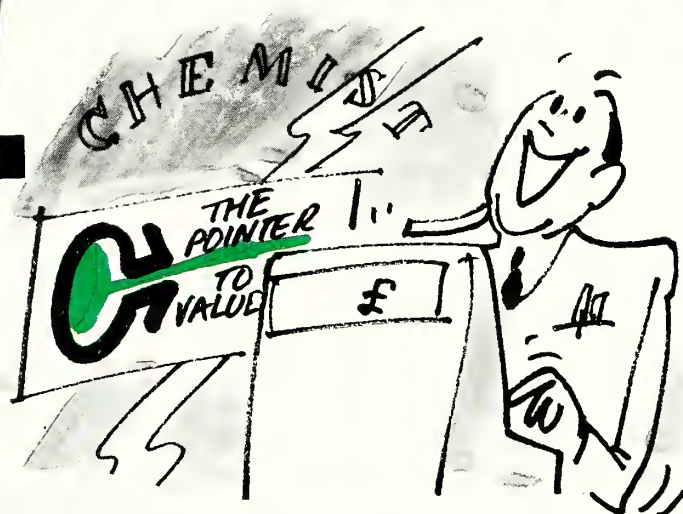


PROFIT IN UNICHEM'S ON DRAW.

you can win back the cost of all your special offer stock.
That's a profit of 100%.

Your customers can't fail to take notice of the promotion and our advertising campaign.

So make sure they notice you. Join the promotion now. Contact your local UniChem branch or Sales Department, UniChem Ltd., Crown House, Morden, Surrey SM4 5EF. (Tel: 01-542 8522.)



PRICES ON THESE BIG SELLERS.

| | | |
|-------------------------|--------|-------------|
| New Sure (150g size): | £5.13 | per dozen |
| Greenex for Men: | £7.70 | per 2 dozen |
| Dr. White's Panty Pads: | | |
| (10 Regular pack): | £12.15 | per 4 dozen |
| (10 Super pack): | £13.84 | per 4 dozen |
| (10 Super plus): | £15.53 | per 4 dozen |

THE POINTER
TO VALUE





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Up your order of Super Poli-Grip and what happens?

Up go your sales. And up go your profit. How can we be so confident?

Look at the track record. It shows the biggest sterling share of any cream on the market and the fastest growth of any fixative brand.

Look at the advertising. It's the only fixative on T.V. And the commercial focuses on one of the big problems of wearing dentures: occlusion.

We know from research occlusion is a major reason new people decide to use a fixative.

And to make sure Super Poli-Grip stays on the up and up we now have some splendid promotions. Your Stafford-Miller representative will give you the details.

Just tell him you want him to up yours. He'll know what you're talking about.

**The leading denture
fixative cream
from Stafford-Miller.**

Partnerships need proper agreements

by a barrister

There are many businesses now being operated on the basis of partnerships rather than in the form of limited companies. While the business prospers, there is usually no problem. Once, however, difficulties, whether financial or otherwise occur, then matters can get out of hand—especially if it is decided to dissolve the partnerships.

All kinds of questions then emerge: what rights has one partner to buy out the other partner; can the business itself be carried on even though the partnership is dissolved; what happens on the death of one of the partners; how are debts to be apportioned between the individuals?

These are among the many questions that have to be answered and it is indeed surprising to see the number of partnerships that have been set up without proper agreement. It is true that in the absence of agreement between the parties, the law does set out certain rules which have to be followed. However, these rules can in certain circumstances be restrictive since they do not cater for the needs of particular partnerships or particular businesses. Quite often there has to be recourse to the courts and in the event of dispute costs can amount up considerably.

It is extremely important to see that when a partnership is set up or even where there is an existing partnership with no legal agreement, that as soon as practicable a solicitor should be engaged to draw up a proper partnership agreement to which all the parties can subscribe. This can cater for all the problems that have been described.

A request should be made to the solicitor drawing up the agreement to see to it that a clause be inserted to allow for a mutually agreed arbitrator to be appointed to settle differences that may arise under the agreement. This is usually a lot cheaper than having to go to law on each and every occasion.

The older employee

Some firms see an advantage in taking on an older employee, believing the experience and conscientiousness of the older worker makes up in many ways for the greater energy displayed by the younger worker. But, there is often a reluctance to employ a senior citizen, since many employers and members of management are unclear as to their position when the older employee must leave employment. There is also the point that sickness and absences are likely to be more prevalent as age increases.

In the case of men over the age of 65 and women over the age of 60, there is no eligibility for a redundancy payment or unfair dismissal—whatever the circumstances of people over this age limit being dismissed or leaving employment, there is no bill that the employer is likely to meet that might give rise to financial strain or difficulty. Provided that proper notice is given (or money in lieu of notice) and provided that holiday money is fully or partially paid, that is normally the end of the matter.

For people under this age limit, a fixed term of employment may be the answer and provided this is arranged in the appropriate way, the same effect is achieved. For fixed term jobs of two years or more (one year when the Employment Bill becomes law), it is possible to offer employment on the basis that the employee will forgo rights to a redundancy payment or unfair dismissal at the end of that period of employment. The agreement to forgo this right must be assented to in writing by the employee. This is about the only example where it is possible for an employee to contract out of his rights under the acts of Parliament dealing with these matters.

Promises under lease

With so many businesses holding their premises under lease—whether of a long or short duration—and with the changing nature of our economy, the business owner may wish to use the premises in a different way than was intended when he first took up occupancy. Some leases are drafted to prevent this and this may be because the business premises form part of a complex of businesses engaged in the retail trade or in manufacture where it is desirable to keep the character of the complex balanced.

However, most leases contain a clause allowing change of use, subject to the landlord's permission being granted. But any formalities laid down for doing this, such as the serving of notices, should be strictly followed. It is also worth noting that normally the landlord is forbidden to charge a premium for giving his permission to change the use of premises during the duration of the lease, but charges can be made if structural alterations are involved.

When a lease has been granted for 40 years or more and the tenant has been in occupancy for a minimum of 25 years, then the tenant can go to court and ask for restrictions on the use in the lease to be removed and the courts can do this on certain grounds. But remember, quite

apart from what the lease says, it may be necessary to obtain planning permission for a change of use and the local planning authority should be consulted before any action is taken.

Insecure loads

If you operate even one commercial vehicle you should ensure that when that vehicle is loaded, every possible precaution is taken to see that the load is secure.

Although firm instructions may place the responsibility on the driver, the owner of the vehicle can be prosecuted if it can be shown that the system for securing loads had not been operating and that he did not take steps to remedy the position or check the system frequently.

If the owner of a business with employees is prosecuted as "owner" he can have his own driving licence endorsed even though he was not driving the vehicle at the time of the offence. Of course, the court has the discretion not to order an endorsement for "special reasons", although this might not avoid the imposition of a fine.

Licence checks

A recent High Court case (*Ferrymasters v Adams*) should act as a warning to employers who employ drivers to institute a system of regular checks on their employees' driving licences. In the case mentioned the employee drove his employer's vehicle one month after his driving licence had expired.

The employers were prosecuted on the grounds that they had caused or permitted a person to drive the van in question while that person was not holding a driving licence permitting him to do so. They were found guilty and then appealed to the High Court. The appeal was dismissed on the grounds that the employer had failed to institute a system to ensure that regular checks were made on their employees' driving licences.

A note kept in a central place of any employee's driving licence expiry date where that employee might drive, even occasionally, the firm's vehicle, should be a sufficient precaution to avoid any future problems.

Employee payments

Any employer can become liable to various payments to his employees from time to time under the law. On some payments there are provisions for the employer to obtain a refund of all or part of the money involved and these are worth noting.

In connection with any redundancy payments made, the employer can recover 41 per cent handed to his employee. With unfair dismissal compensation, there is no refund available and the total sum has to be met from the funds of the firm.

For maternity leave pay the whole amount can be reclaimed. The refunds are limited to the amount of maternity leave payments allowed by law.

Our Slender war on

Prepare yourself for a fresh assault on the Slender front.

Spearheaded by the latest addition to the range, the new 6-day Diet Plan pack.

It sounds a mouthful, but for weak-willed slimmers it could mean salvation.

The diet itself is cushy enough.

There's a different flavour to try each day, including new Slender & Bran.

We've even suggested some evening meals they can wolf down without dodging the calorie count.

Yet after just 6 days, they'll have around 4lbs less to show for it.

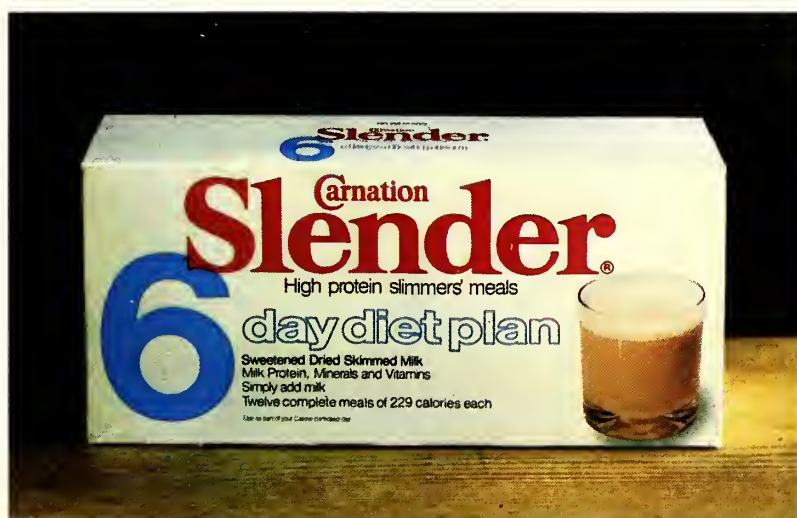
6-day weight.

For this disappearing trick, thank our new high-protein formula. It's bumped Slender's protein content up by 50%.

Without even nudging the calorie content. Now we're about to break the good news with £1/2 million's worth of T.V. advertising and full colour, double page spreads in all the slimming magazines.

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those extra lbs into
extra £££s.

Carnation



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PRESCRIPTION SPECIALITIES

Wyeth and Schering bring out varied-dose contraceptives

Wyeth Laboratories and Schering are both bringing out combined oral contraceptives in which the oestrogen and progestogen content varies throughout the month.

Each product consists of 21 tablets with three different doses of levonorgestrel and ethinyloestradiol. Both have the same doses in each tablet formulation and the dose schedules are identical. The three-phase dosage is said to mimic the secretion of hormones in a natural cycle and allows the total intake of steroids to be reduced while maintaining contraceptive efficiency and good cycle control.

TRINORDIOL tablets

Manufacturer Wyeth Laboratories, Taplow, Maidenhead, Berks

Description Each pack holds six light brown tablets, containing levonorgestrel 50mcg and ethinyloestradiol 30mcg, five white tablets containing levonorgestrel 75mcg and ethinyloestradiol 40mcg and ten ochre tablets containing levonorgestrel 125mcg and ethinyloestradiol 30mcg. All tablets are round, 5.6mm in diameter, with a lustrous sugar coating.

Indications Oral contraception

Dosage For the first course of medication the tablets are started on the first day of the cycle, counting the first day of menstruation as day one. One tablet is taken at the same time each day for 21 days, followed by seven days without medication, on the eighth day the tablets are started again. Women who change from another oral contraceptive to Trinordiol should start taking it on the day after taking the last tablet of their old pack. Whenever Trinordiol is started, additional contraceptive precautions should be taken until the fourteenth tablet of the new course has been taken. If a tablet is forgotten it should be taken within the next 12 hours or contraceptive protection may be reduced. If more than 36 hours elapses between tablets the course should be resumed, when remembered, with the tablet appropriate for that day and additional precautions should be taken for the rest of that cycle. If vomiting or diarrhoea impair absorption, additional contraceptive precautions should be taken for the rest of the cycle.

Contraindications Established hepatic disease or evidence of persistently abnormal liver functions such as Dubin-Johnson and Roter syndromes or idiopathic recurrent jaundice of pregnancy. History or suspicion of carcinoma of the reproductive organs or breasts. History or evidence suggestive of thromboembolic or cerebrovascular disease or phlebitis. Cardiovascular disease, known or suspected oestrogen-dependent neoplasia, sickle-cell anaemia, infectious hepatitis. Abnormal vaginal bleeding of unknown aetiology, suspected pregnancy, deterioration of otosclerosis during preg-

nancy, history of herpes gestationis

Precautions Certain conditions require careful observation during treatment with oral contraceptives. These are: a history of depression, varicose veins, diabetes, hypertension, epilepsy, otosclerosis, multiple sclerosis, porphyria, tetany, disturbed liver function, gall-stones, renal disease, chloasma, uterine fibroids, asthma, the wearing of contact lenses, or any condition prone to worsen during pregnancy.

Medication should be discontinued immediately if migraine worsens or develops for the first time and if there is any loss of vision, proptosis or diplopia, papilloedema, or any evidence of retinal or vascular lesions. Hepatic lesions, occasionally fatal, have been reported in women taking oral contraceptives

Side effects Headache, slight weight gain, nausea, breast tenderness, changed libido, depressive moods and spotting between periods may occur. These tend to decrease as treatment cycles continue. Thromboembolism, impaired glucose tolerance and, more rarely, liver dysfunction, hypertension and raised serum lipids are increased risks for women taking oral contraceptives

Packs 21 tablets (£0.80 trade)

Supply restrictions Prescription only

Issued April 1980

□ Information about Schering's Logynon tablets will be in a future issue.

LOCOID C cream and ointment

Manufacturer Brocades (Great Britain) Ltd, Brocades House, Pyrford Road, West Byfleet, Surrey

Description Hydrocortisone 17-butyrate 0.1 per cent and chlorquinaldol 3 per cent in cream and ointment bases

Indications Treatment of conditions responsive to topical corticosteroids, for example, eczema, dermatitis and psoriasis, where secondary bacterial or fungal infection is present or suspected, or may complicate the condition

Dosage For adults and children, to be applied to the affected area two to four times a day, or as directed by the physician, until the infection has resolved

Contraindications should not be used in the presence of viral, tubercular or syphilitic lesions. Contact with the eye should be avoided.

Warnings Should not be used for longer than 14 days at a time, nor should more than 60g be applied during this period. Should not be used extensively in pregnancy and long-term continuous therapy should be avoided in infants as adrenal suppression can occur. Occlusive dressings are not recommended in the presence of infections

Packs 30g tubes (£2.39 trade)

Supply restrictions Prescription only
Issued April 1980

SOTAZIDE tablets

Manufacturer Bristol Laboratories, division of Bristol-Myers Co Ltd, Station Road, Langley, Slough SL3 6EB

Description Pale blue, capsule shape, concave, upper bisected tablets containing sotalol hydrochloride 160 mg and hydrochlorothiazide 25 mg

Indications Mild or moderate hypertension

Contraindications Heart block, history of bronchospasm, diabetic keto-acidosis, impending or uncontrolled cardiac failure, anaesthesia that produces myocardial depression, hypersensitivity to sotalol, hydrochlorothiazide or sulphonamide derivatives. As thiazides appear in breast milk, patients should stop nursing if Sotazide is essential

Dosage Initially one tablet daily. Dose range one to four daily, adjusted at intervals of two or more weeks. Patients with mild to moderate hypertension generally respond to one tablet daily

Precautions Safe use in pregnancy has not been established. May potentiate insulin effects and mask symptoms of hypoglycaemia so hypoglycaemic therapy may need to be altered. Care in impaired hepatic function or severe renal disease. It is not necessary to discontinue Sotazide before most forms of elective surgery but sudden withdrawal may provoke severe angina and arrhythmias; if the drug is to be withdrawn it should be done over a period of one week. Should not be given in cardiac decompensation unless incipient or established heart failure is controlled. Dosage should be reduced or discontinued at the first sign of impending cardiac failure or progression of failure. Dosage should be decreased or therapy discontinued if pulse rate falls below 50 beats per minute. Following a reduction in blood pressure, dosage should not be increased before a stable blood pressure level is reached. Further precautions as for other hydrochlorothiazide preparations

Side effects As for other preparations containing sotalol or hydrochlorothiazide. By using lower doses than would be required if each agent were used alone, side effects are minimised, especially the hypokalaemia associated with diuretics

Shelf life Two years

Packs 28 tablets in blister strips (£6.78 trade)

Supply restrictions Prescription only
Issued April 1980

Purified insulins

Weddel Pharmaceuticals are bringing out a range of highly purified beef insulins. The range, which carries the brand name Hypurin, comprises neutral, isophane and protamine zinc insulins. Each product is packed in 10ml vials in strengths of 40 iu/ml (£1.95, trade) and 80 iu/ml (£3.50, trade). The pack and label colour coding follow conventional formats. *Weddel Pharmaceuticals, Red Willow Road, Wrexham Industrial Estate, Wrexham, Clwyd LL13 9PX.*

LETTERS

Pharmacy in deep crisis

Since publication of the PSNC's new proposals on NHS contracts, etc, I have waited to read the reaction from contractors and GP pharmacists. However there seems a strange silence, untypical of pharmacy.

The *PJ* did state that "the proposals are concerned with the more equitable distribution of existing monies and not with overall improvements—in short the document hardly heralds the pharmaceutical millenium". This is kindness in the extreme. The document certainly does not merit the use of the word "charter", which normally refers to the bestowing of rights and privileges. Perhaps we should ask Amnesty International to

sponsor our case. At first glance, I thought it did nothing for pharmacy—unfortunately it is negative and really does "less than nothing".

The latter phrase has become the norm for retail pharmacy. For example, the Franks' panel stated that in present circumstances GP pharmacy was not making any profit, which means we are making a loss. Why didn't they say so, and how much of a loss?

The Government in its implementation of Franks' offered us a package:—back payment of £36m less two years' retro-spection of wholesale discounting (less than nothing), and a reduction of 4p in the alleged profit on prescriptions 1980.

Before attempting to discuss the new contract proposals in any detail, there are numerous items which take priority and demand action immediately. GP pharmacy is now entering its deepest crises ever—financially and professionally—and it is within this alarming context

that present losses and any new proposals must be seen. To the DHSS, regardless of the quality or otherwise of the proposals, it is only one more scrap of paper whose terms will not be implemented except by ordinary contractors facing reality and taking an active part in the struggles ahead. There is no other way to save your business and pharmacy as a whole. Undated resignations are not the answer.

Cash now is still the number one priority. Without this, those lucky enough to still be in business in the future will be discussing a third-rate pharmaceutical service which will not even approximate to comprehensive—financially, professionally or geographically. The urgent cash demand is simple: the full and immediate implementation of the totally—inadequate profit proposals of Franks—only 61.5 per cent of the minimum profit demands of the PSNC.

Retrospection of wholesale discounting, of unproven extortionate demands, at most can only be allowed to take place from the date of DHSS's dissent, November 30 (St Andrew's Day)—that is only one month. If there is any chance of legally outlawing this evil and fatuous DHSS demand, then let's take it immediately. Perhaps a court injunction? Legal fees of £15,000-£20,000 are negligible in a fight to retain £millions. This has been in the process of negotiation for months. Contractors have no knowledge of the present position, but stress that the policy on retrospection must not be tampered with; any horse-trading must be to contractors' benefit. We know we will lose on many more issues in the immediate future.

Wholesale discounting for 1980 onwards: There is no mention of what is happening. Without a satisfactory solution to this problem contractors will earn a reduction of 4p on the profit on each prescription.

Pharmacy closures: No-one can be proud of the way contractors have allowed various governments to continue their sadistic policies, which lead to more and more pharmacy closures, and several thousand more non-viable pharmacies with captive owners who can neither close nor sell. Financial co-operation is an unknown part of GP pharmaceutical policies. Our attitudes to fellow contractors, even by those who gained from closures, can best be described as "man's inhumanity to man". Closures will become more and more prevalent. It is time contractors had an active policy of co-operation and sharing towards those forced to close and the captive owners of really non-viable pharmacies.

NHS dispensing and general retailing: In their documentation to the Franks panel, the PSNC asked for full comparability with retailing generally—this is their biggest sin or streak of masochism. Unless contractors demand immediate retraction it will destroy any future role of GP pharmacy as a first-class profession. Even in the most simplistic terms it

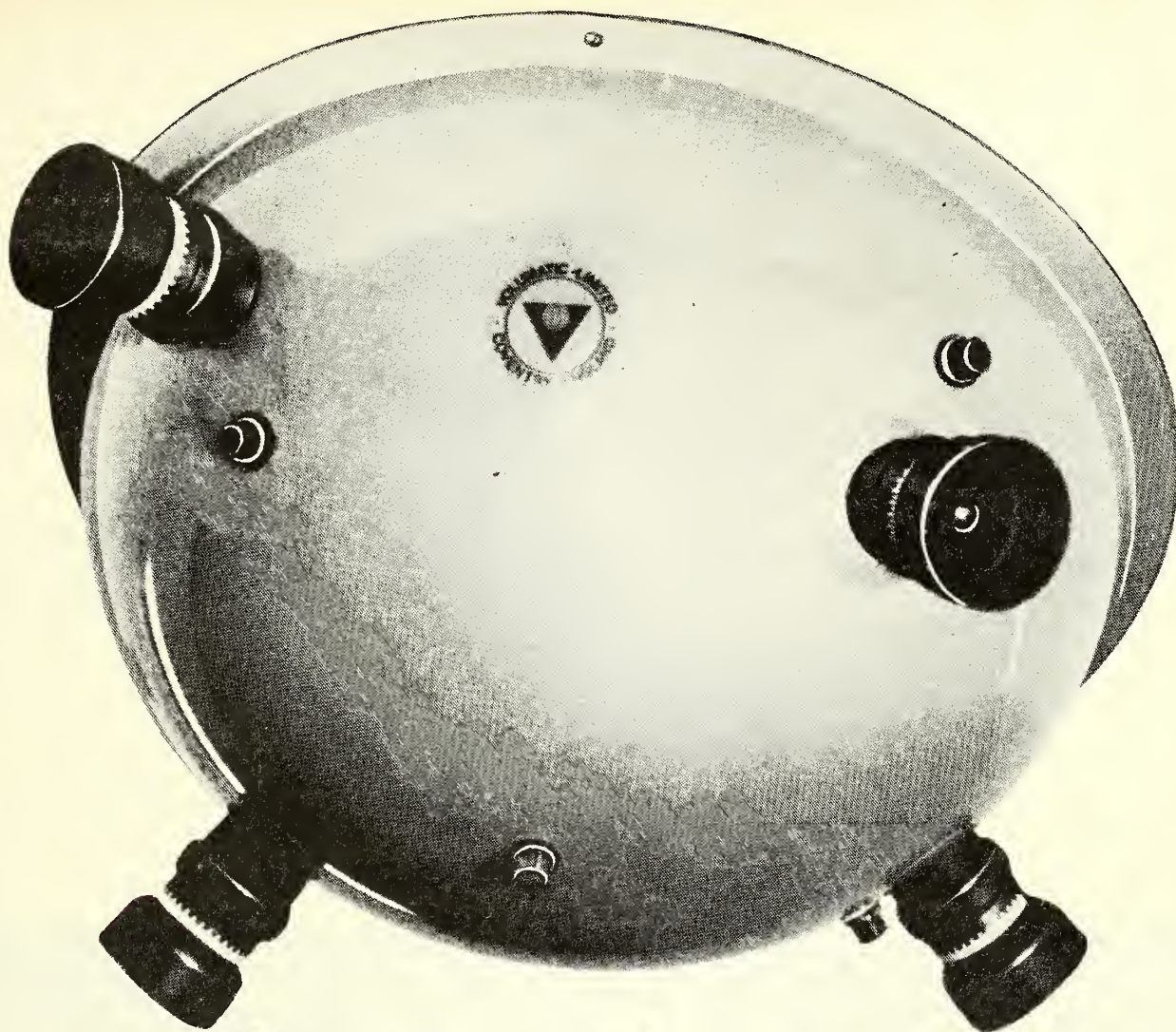
JUST A FEW WORDS FROM CARNATION CORN CAPS.

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Cuxson Gerrard & Co (Dressings) Ltd
Oldbury, Warley, West Midlands B69 3BB.
Telephone: 021-552-1355

Continued on p746



Why it pays to install a closed-circuit TV that doesn't work

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And it certainly deters thieves like one.

Only you will know it isn't.

The Volumatic simulated CCTV cameras have all the deterrent effect of the real thing at just a fraction of the price.

They are simple to install, cost next to nothing to run.

And there are no costly maintenance worries.

The multi-'lens' ceiling module (above)

has red neons to show which lens is 'operating' and a flashing orange 'functioning' neon.

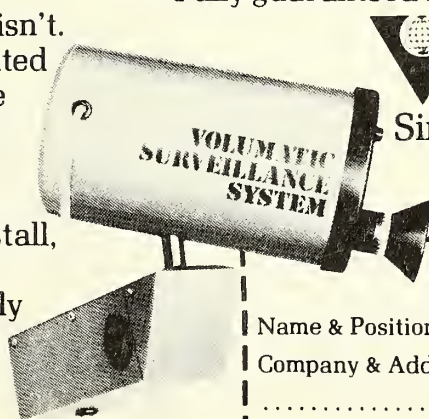
The wall-mounted 'camera' (below) has a red operating light and random 'scanning' movement.

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LETTERS

Pharmacy in crisis

Continued from p744

is inconceivable and incorrect. Retailing is a personal, direct involvement between two persons—the retailer and a member of the public. In NHS dispensing (excluding doctors' receptionists) there are three people involved. In accepting a prescription the pharmacist does not have a direct involvement with the patient or customer. The pharmacist is interpreting and carrying out the intentions of the third person, the prescriber.

This unilateral decision by the PSNC was taken without our cognisance or permission. I thought the Society would have been up in arms regarding their president's view. Why doesn't PSNC take a referendum on this single, important issue? Cash and viability are important, but must not be bought at any price.

There are many other priorities which demand a policy with action and solutions now: what type of service we wish to give the community; an immediate end to leapfrogging, especially in areas around health centres and large group practices; the immediate implementation of a 35-hour week. There is also the question of implementation of many sections of the document "Rational location of contracts". At the moment it may be dead as a national scheme, but the City and East London Local Pharma-

ceutical Committee is confident that some success can be achieved by local agreement—hence their resolutions put forward at the last conference. Although put forward individually, they, along with certain other resolutions, are intended as a "package" for negotiating local agreements between LPCs and FPCs.

What about the use of experienced technicians in GP pharmacy? Are review bodies to be for arbitration or merely advisory, making no binding recommendations? Is Franks the appropriate body to decide the future of pharmacy and the pharmaceutical service? Rational movement of GP surgeries, especially group practices and the position of company and Co-op chemists must be considered. Recently the vice-chairman stated that the remuneration of GP pharmacists was dependent on the whims of local GPs.

This is only the tip of the iceberg and all the relevant material must be brought out into the open. Doctors have problems, but they must not always be solved at the expense of GP pharmacy. We must have a pharmaceutical service which is not really dependent on GP doctors, or in which pharmacists can be involved in drug cost-effectiveness, compliance, etc.

Uneven distribution of NHS dispensing: even the quietest, non-viable pharmacy is bedevilled by this, which at times prevents proper education of customers in drug therapy, etc—which at times can be described only as dangerous.

The items outlined are numerous and have an urgent priority. Having asked to

have full comparability with retailing generally we now proceed to ask for productivity deals as an industry. How can we have productivity deals when none of the alleged incentives are under our control but under that of GP doctor? If we are talking of industry maybe there could be productivity deals, but we have continually been told by PSNC that we will demand a new contract which will put an end once and for all to the present factory systems of dispensing, its anomalies and its injustices—which, apart from being ridiculous and dangerous, deny the community the benefits of a really efficient, effective, pharmaceutical service. This can be obtained at present only if patients are hospitalised.


George Baxter
London E13

Abandon hope . . .

Mr C. W. Perfect complains of apathy among Buckinghamshire general practice pharmacists. It is not apathy but absolute loss of hope. We independent pharmacists only survive because we live by our wits; a state of affairs that will not be allowed to continue.

Modernise yourselves, our pundits say, become drug experts, know your incompatibilities and side effects . . . advise doctors. Shortly all this will be available at a push of the button on our TV sets.

Counter-prescribe pleads the C&D, the public have easy access to you, exploit it! It is illegal to counter-prescribe for



They will splash it,
spray it, dab it,
smooth it, shake it,
powder it,
all for 99p.

Made for men...

animals. It is illegal to dispense for animals (other than a script). If we cannot be trusted with cats and dogs we certainly should not be with humans! However, we who do counter-prescribe, see three to ten "patients" a day and might net a fiver if luck is with us.

Be unlucky and take on inadequate staff (not bad, just inadequate); you cannot dismiss them, you cannot even underpay them so that they will leave you . . . so you must stand by and let them whittle away your business before your very eyes.

Not enough from the NHS, dispensing doctors, health centres and leapfrogers pirating your business, etc. etc. . . . in no way will any of this be out right, will it? All hope has gone, that is not apathy.

R. L. Bain

Countesthorpe, Leics.

Figures challenged

I have been asked by my Committee to comment upon the figures quoted by Mr Silverman at the Buckinghamshire LPC conference.

(a) The ingredient cost is not £2.30, but is nearer to £2.05 (Pricing Authority statistics confirm this).

(b) The on-cost, quoted by Mr Silverman at 27p, will now be 22.9 if discount is ignored, or 20.1p if the discount is removed. Hence the fee plus on-cost is now 54.9p or 52.1p, and multiplying this by 34,000 gives £18,666 or £17,714, and

not £20,060 as stated. I take Mr Iles' view that the discount must be removed, as, to continue his fairground analogy, we live in a world where there are no roundabouts to compensate for the "price increase" swing losses, or the container allowance swing, or the money lost on appliances, etc.

Further, he adds in an amount for discount recoverable from wholesalers, which he admits he knows little about,

What we should do about Blodwen

I am so concerned by the problem of Blodwen and her tablets (*C&D*, April 19, p668) that I feel that I must offer some suggestions for solving it, in the hope that I may be of assistance to both Mr Gartside and to the Minister, who at this very moment is most probably having a high level (up Snowden?) discussion on this matter.

1. Forget Mr Gartside's "one possible solution." Computers and pharmacy are totally incompatible. Either they would lose the script or Blodwen would disappear into the computer.

2. Ask Blodwen to telephone the pharmacy a couple of days before her bus journey.

3. Mr Gartside to get out his bike (can't afford petrol) and deliver the tablets. The cycle ride will do him more good than the tablets do for Blodwen.

4. If Blodwen cannot use 'phone give her a stamped postcard to post, in which case allow ten days for the GPO.

and which works out at £396 per month for his "average" pharmacy. We do not consider that a pharmacy dispensing 2,833 prescriptions per month can obtain discounts of this order, and to suggest that they can do so, can only give the DHSS a wrong and inflated idea of the level of clawback discount.

David H. Newton

Secretary, Humberside
Pharmaceutical Committee

5. Shoot Blodwen.

The next time I walk up Snowdon I will collect a supply of Tab Sod Chlor from the Llanberis Pharmacy, providing they have not all been taken with this letter.

John S. Clarke

Weston-super-Mare, Somerset

While agreeing with the principles expressed in Mr Gartside's letter my solution is simple and works for my customers: "Dear Blodwen, please notice my telephone number included on my label. When your supply of Atralex-K tablets is running low please telephone me." "Dear Mr Gartside, I will be bringing my prescription to you in two days time." Boing! 5p and everybody is happy!

G. J. Weaver

Southdown, Bath

More letters on p748

Vagabond, a big new range of toiletries for men.

Fleur Beauty Products, the specialist manufacturers of toiletries, introduce Vagabond a new low priced high quality range of toiletries. Retailing at only 99p Vagabond's formulation will really turn on sales.

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Fleur Beauty Products, probably the fastest growing toiletry company in this country, only market their products through high class toiletry outlets. Their 'Just' range of Bath products and shampoos is already a £1,000,000 brand and Vagabond is going to be another.

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England. Telephone: Ripley 44031/2/3.
(STD code 0773) Telex: 377417.

Tariff anomaly

I wonder if the Pharmaceutical Services Negotiating Committee and other contractors are aware of the amount paid for hydrocortisone cream (Drug Tariff 1980, p20) irrespective of endorsement.

The payment received for 15g of 0.5 per cent is £0.15. The cheapest obtainable hydrocortisone cream and ointment, if one is fortunate enough to obtain it, is £0.25, whereas the Efcortelan Brand is £0.27. This represents a loss to the contractor of £0.12 for each 15g tube dispensed; a loss also applies to the 1 per cent and 2.5 per cent dispensed.

I should also like to know, where one can obtain 10ml of ephedrine nasal drops BPC 0.5 per cent for 1p (Tariff p26).

These are just a couple of examples of the many anomalies in Part VA of the Drug Tariff.

B. Holding Warrington

The PSNC replies that these prices have been based on the ingredient cost for extemporaneous dispensing. From May 1, hydrocortisone 0.5 per cent and 2.5 per cent cream and ointment will be transferred from the Drug Tariff Part VA to Part VD section 2 and paid for on the basis of the pharmacist's endorsement as to manufacturer and pack size. Also from this date, the Part VA price of hydrocortisone 1 per cent cream and ointment will be based on the 15g tube pack from Macarthy's Ltd (currently £0.35) and not on the ingredient cost as at present. The agreement that contractors unable to obtain hydrocortisone powder could supply the proprietary preparation and endorse the prescription accordingly, will be rescinded May 1.

Value for money

Although Xrayser has answered his own doubts about the value of the PATA (RPM, April 19, p671), it is nevertheless disappointing to manufacturers and to the PATA that their successful efforts to maintain prices should raise doubts about whether it is worth a subscription of £6 a year.

The annual report for 1979, which will shortly be published, shows that the PATA dealt with 223 cases of price-cutting during the year. Price adjustments were obtained in 183 of these cases, either by the PATA or by direct action of manufacturers. The remaining 40 cases are being pursued and will be until a satisfactory outcome is achieved.

The 183 successful cases have brought considerable satisfaction to a large number of pharmacists.

RPM on OTC medicines would soon be lost without an organisation like the PATA. It has happened in other industries in the past.

C. C. Green

Secretary, Proprietary Articles Trade Association

'Innovate or die' rule demands realistic profits

The dependence of the pharmaceutical industry on research makes all companies today highly vulnerable in the absence of innovative success. Mr David Smart, president of the Association of the British Pharmaceutical Industry, told the fifteenth anniversary dinner last week.

The minimum cost of maintaining a research activity of a size which has a reasonable chance of discovering a significant new medicine is now probably in the region of £20m per annum, he said. Latest available figures, from 1978, showed that research expenditure in the British pharmaceutical industry reached a conservatively estimated £124 million in the year and in 1980 it would be slightly over £200m.

From the time a new molecule was identified to the moment at which it could be freely sold throughout the world, the expenditure of up to £25m could easily have been involved and the process can have taken up to 15 years.

Unless companies can produce significant new products at regular intervals and unless those products can command realistic prices in the market, research costs will never be recovered. Such a situation cannot be sustained indefinitely and the consequence could well be a considerable reduction in the number of companies within the industry or, at worst, an almost complete cessation of innovation.

Balance of trade

Today the industry in Britain had an annual output of over £2,000m and there was a favourable balance of trade exceeding £400m in each of the last two years. "We frequently hear of the economic miracle of West Germany and of the penetration of our markets by the Japanese. In the pharmaceutical industry we like to be compared with both West Germany and Japan since our export of medicines is greater than that from West Germany and over five times the latest available figure for Japan."

Mr Smart was less certain about future growth, however, since the rate of development had already been slowed by the pressures of consumerism. Demands from registration authorities throughout the world for data had been growing steadily and in some countries consumer organisations had implicitly demanded that the only acceptable standard should be one of complete safety and total lack of side effects. "Regrettably, such an ideal is unattainable at the present time and is unlikely ever to be a realistic goal. A requirement for total safety cannot have any effect other than to cause at best a very significant delay (the so-called 'drug lag' which may deprive the sick of a new drug which would provide a

cure or alleviate their symptoms) and at worst a cessation of research since no company is likely to spend more on testing than it can ever recover from sales."

Speaking before Mr Jenkin's announcement, Mr Smart had claimed that it is harder and more expensive to get a clinical trials certificate in the UK than in almost any other country in the world.

"Unfortunately, the provision of ever greater volumes of data before a drug is administered to man in clinical trials bears no guarantee of safety. Rare idiosyncracies are frequently only demonstrated when a drug has been administered to very large numbers of patients and it seems to us that it would be more logical to monitor the performance of new products for some while after they have been introduced rather than to spend enormous sums of money in undertaking a great deal of work, which cannot predict rare drug reactions, on compounds which may be discarded as inadequately effective almost as soon as clinical trials have been started.

"An understandable consequence of this situation is that more and more clinical trials are being undertaken in countries where the pre-clinical data requirements are less expensive to provide than they are here. When clinical trials are conducted in countries overseas, there must also be a tendency for subsequent manufacture to be concentrated in the territories involved and for export sales to be generated from those overseas manufacturing facilities rather than from the UK."

Product liability threat

An even greater threat to the development of new medicines was posed by the implications of pending legislation on product liability, said Mr Smart. Despite a recommendation from the European Parliament that a development defect defence was desirable, the Commission's amended proposals for a Council Directive on product liability legislation envisaged no such provision. "It must therefore be assumed that within the EEC, manufacturers will bear strict liability for any product defect whether or not negligence has been involved. We believe most strongly that medicinal products are different from, for example, machinery or consumer durables.

"In the first place, the evidence is consumed when the patient takes the medicine and there will be a temptation, should a product available from several sources be involved, to recall that the manufacturer of the allegedly defective drug just happened to be the company

Continued on p750



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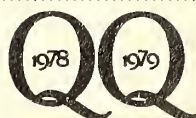


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Mr David Smart, ABPI president

best able to furnish compensation. It is difficult to see how such a claim could be disproved unless pharmacies are required to keep detailed records of every single prescription dispensed. There could even be a very small minority of cases in which the chemist actually supplied a cheaper equivalent in dispensing the physician's prescription."

Mr Smart also believed that insurance cover for strict product liability would be difficult to obtain. "It must be recognised that insurers are not normally prepared to underwrite open-ended risks." The ABPI's contention was that there should be a central State fund which would compensate all injured parties damaged as a result of a product defect—a view shared by the Pharmaceutical Society. The State would assume the subrogation rights of the injured party and would be able to sue the manufacturer for reimbursement of the compensation paid out should negligence be involved.

"We believe that the implications of the legislation could be sufficiently serious to stop the development of new medicines. The cost of development and the cost of attempting to obtain insurance cover could be such that diversification into less hazardous fields might become the prime preoccupation of pharmaceutical manufacturers.

"Both doctors and pharmacists could hardly be blamed were they to operate with a minimum risk policy, prescribing only long-established drugs and passing on every scrap of information embracing product warnings supplied by the manufacturer in order to produce a valid defence should there be a need."

Returning to the question of safety, Mr Smart said that even a suggestion in the press by a lay critic that a particular drug was harmful could lead to "a situation bordering on panic" despite reassurances from the authorities.

Replying to Mr Smart's points about product liability, Mr Jenkin pointed out that consumer interests have argued that

if a consumer is faced with a choice between an older product carrying strict liability and a new product with no such protection, he might well choose to forego the innovation. "The issue is therefore by no means clear cut."

The UK line was still being considered, Mr Jenkin confirmed, adding that it would be unacceptable if the EEC were to accept a development risk defence for the generality of products but to deny it for pharmaceuticals.

A fundamental principle of product liability was that the consumer could best be protected by the producer insuring against the risk and passing on the cost to consumers generally. "I do not see how the insurance cost could not be pro-

perly reflected in the price of the product." The idea of a State compensation scheme did not attract the Minister however. "At a time when we are trying with some success, to get Government to draw back from matters which are primarily the concern of individuals and firms, such a proposal would take us in precisely the opposite direction.

"Nor is it clear to me how it could be justified to set up a special State scheme to compensate for product injury and not for any other form of injury or illness. Rather, I should have thought, a more constructive line might be for the industry to consider whether there should be collective arrangements for insurance cover and for dealing with claims."

Clinical trials scheme: proposed procedure

Revised arrangements for approval of clinical trials under the Medicines Act have been proposed by the Department of Health following announcement of a "negative clearance" system by the Secretary for Social Services.

Under the proposals, set out in MLX 125, an Order would be introduced under Section 35(8) of the Act to give the Licensing Authority discretion to permit exemption from the requirement for a company to obtain a clinical trial certificate. Such a scheme would broadly follow the lines of the exemption in respect of trials arranged by doctors on their own initiative.

Exemption of trials arranged by companies would, however, be subject to certain conditions, chiefly:—

(a) Notification of the proposed trial, and application for exemption, in a prescribed form to the Licensing Authority accompanied by summaries of data from the experimental and biological studies and of the chemistry and pharmacy aspects; the application to be signed by a UK-based medical adviser and the summaries of the data to be certified by the responsible company officials and countersigned by the medical adviser. (In effect, therefore, the medical adviser would be required to take responsibility for the soundness of the application).

(b) Absence of a direction within 35 days (extendable in particular cases) from the Licensing Authority that Section 36(3) requirement for a clinical trial certificate shall operate; 35 days would be specified as the normal limit, but it is recognised that there are likely to be cases where further information or discussion with the company will be found necessary, and where it is in the interests of both the company and the Licensing Authority that the time limit should be extended. In such cases, the Licensing Authority would notify the company of the proposed extension within the initial 35 days.

(c) Exemption to be dependent on the approval of the trial by an appropriate ethical committee. It would be for the company to ensure that the clinical trial protocol is considered and approved by the ethical committee, ie that the committee satisfies itself about the arrange-

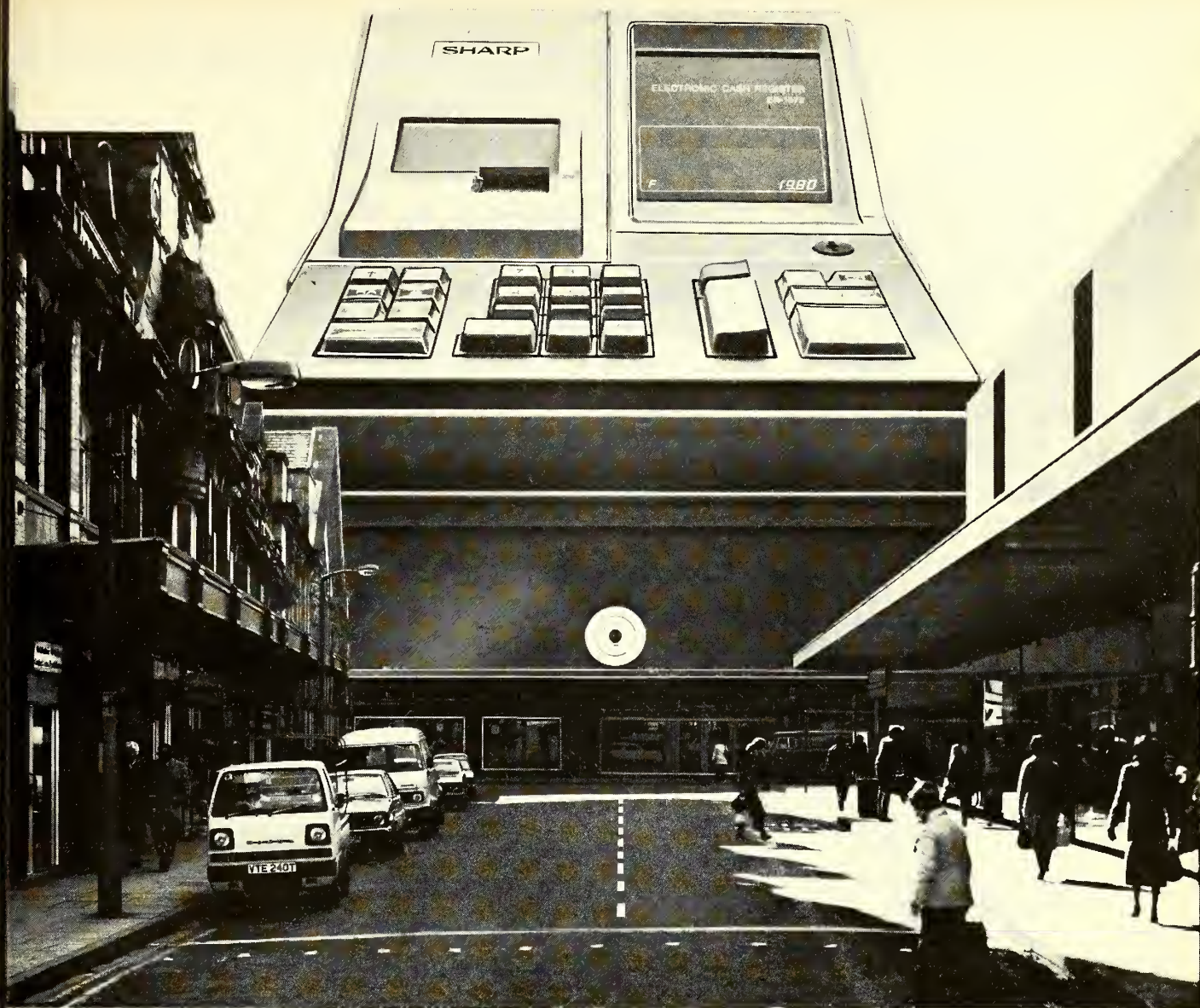
ments for the trial, not about the safety of the particular compound. It is thought that such approval would normally follow the provisional granting of an exemption by the Licensing Authority such exemption to become invalid if the written approval of the ethical committee is not forthcoming. Alternatively but presumably rarely, clearance by the ethical committee might be sought first. (d) An undertaking to report to the Licensing Authority any adverse reaction to the compound and any other information coming to the company's attention which casts doubt on its safety or quality. In such circumstances it would be open to the Licensing Authority to withdraw the exemption if it judged this to be necessary on grounds of safety. It would similarly be open to the Licensing Authority to do this if independently it received information of this nature. There would be no obligation to give detailed reason for this action.

(e) An undertaking to report to the Licensing Authority any significant change in the arrangements for the trial, eg investigator composition or presentation of the compound, criteria for selection of patients, etc.

It is envisaged that a separate application for exemption would be required for the investigations carried out by each investigator within the trial. For the time being, companies would still have to generate the same pharmaceutical and pre-clinical data as now before making an application, but this will be reviewed when CSM's working party on data requirements for clinical trial certificates has reported.

In cases where an exemption was refused or withdrawn—or if the company so wished at the outset—it would remain open to it to apply in the customary way for a clinical trial certificate and, if that was rejected, to exercise its right of making representations to, or having a hearing before, the Committee on Safety of Medicines and the Medicines Commission.

The proposed exemption scheme is intended to apply also to products coming within the ambit of the Committee on Dental and Surgical Materials. No fee would be payable for applications.

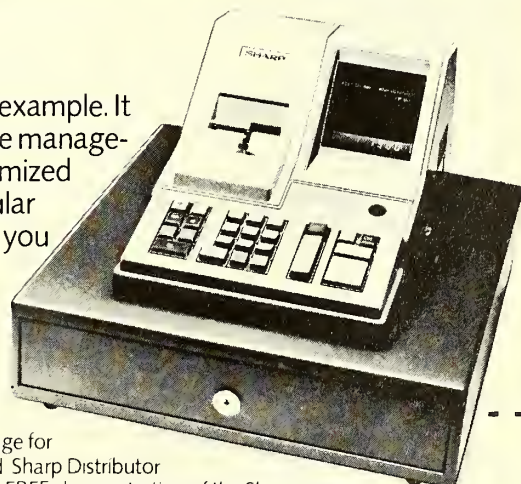


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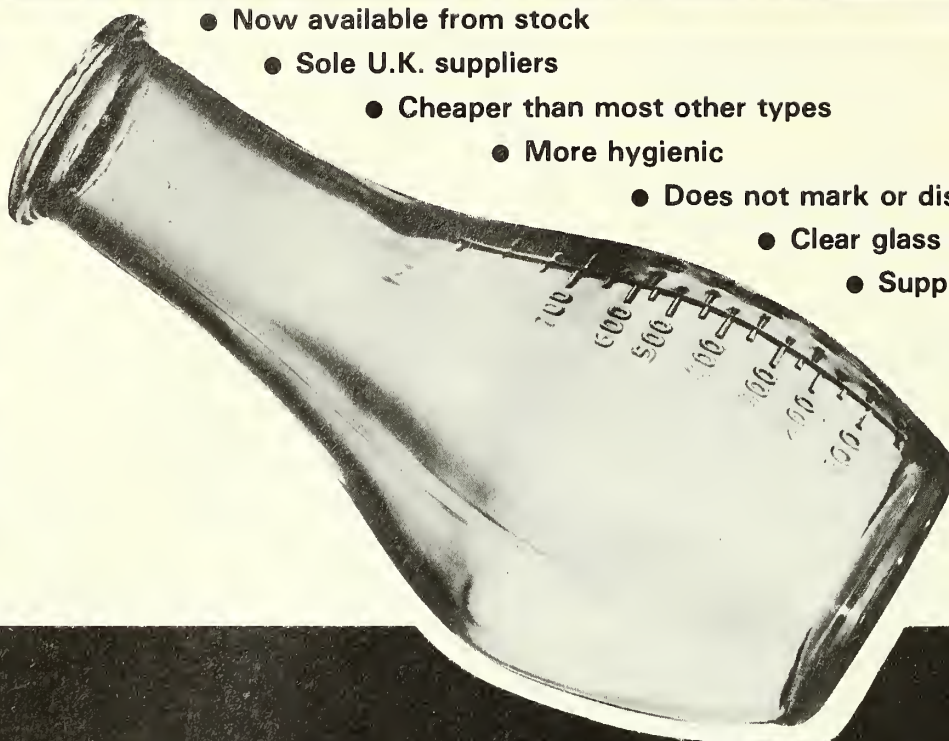
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COMPANY NEWS

No Queen's Awards

No pharmaceutical companies have received a 1980 Queen's Award for either export or technological achievement. Last year ICI, Beechams, Smith Kline and French, Reckitt and Colman and Pfizer all featured in the Awards, which this year had 1,172 applications for consideration—468 fewer than in 1979.

For export achievement the following companies are included in the 1980 presentations: **Manesty Machines Ltd**, a major UK manufacturer of tableting machinery. Consistent exporters for many years, the company were Award winners in 1969 and 1971. **Ryvita Co Ltd**, who export to over 60 countries, were also winners in 1976. **Whatman Biochemicals Ltd**, who produce and market diagnostic reagent enzymes derived from bacteria, yeast and animal organs, win the Award for the first time.

Which wholesalers will survive

Only three pharmaceutical wholesalers involved in the cut-price war are expected to survive in the major league, according to an article by Patrick Lay, deputy city editor, in Monday's *Daily Express*.

Of the five companies which share 70 per cent of the market Mr Lay says Macarthy's may have emerged with the brightest future. Macarthy's are credited with a market share of around 12 per cent (having been whittled down to 8 per cent by the end of 1977), but it is pointed out that only one-third of the group's profits for the year ending this month will come from the pharmaceutical division, compared with 75 per cent in the early 1970s.

Mr Lay writes that Unichem have 15 per cent of the market and are unlikely to lose ground, "if only through the loyalty of its owners". Vestric, with 20 per cent, lost ground through being late into the price war while Barclay & Son, with 7 per cent, have been cutting depots "in an attempt to reverse a declining trend".

Sangers Group is quoted as saying that the "whole method of trading in pharmaceutical wholesaling is under review" and that more may be heard with the full year's results next month.

□ From May 1 Macarthy's are "streamlining", under the name Macarthy's Ltd, the activities of three group companies—Macarthy's Ltd, Martindale Samoore Ltd and H. B. Dorling Ltd.

Fluctuating sales

First quarter sales have again improved for the Polaroid Corporation, rising by 16 per cent to \$308.3 million. Film sales were particularly healthy, although the unit number of cameras sold showed some fall. Net income rose only slightly,

however, to \$17.4m (\$17.1m), a situation largely blamed on increased manufacturing costs and the costs involved in the start-up of several new products—including Time-Zone film.

Mr William J. McCune, president, says that income for the first quarter was not affected by the increased cost of silver because of their "first in first out" accounting system. But caution was expressed on the outlook for 1980 as a whole. Net profit for 1979 fell heavily, while sales were slightly down (*C&D*, March 1, p354).

Briefly

Eli Lilly and Co have announced a 15 per cent sales increase and a 12 per cent growth in earnings in the first quarter of 1980. Mr Richard Wood, chairman, said: "All of our major lines of business—human health products, agricultural products and cosmetics—contributed to the sales expansion".

Appointments



ICML: Mr Gareth Morgan, above, has replaced Mrs Helen Wilde as product group manager, marketing department. Mr Morgan previously worked for the Consortium for Purchasing and Distribution—a local Government voluntary group, operating in the west country—where he was responsible for marketing and contracts liaison. Prior to that, he worked for British Home Stores as a departmental manager. He will be responsible for the Nuhome range of household products, NPA and Numark bags, hot water bottles, surgical dressings, personal products, packed goods, Sunpure drinks, antiseptic, Hacks, Victory V, Valda, wool, flash, gloves, sponges and the contact lens care solution.

Unichem Ltd: Mr Alan Mason is appointed manager of their Kingston upon Thames branch. Mr Mason joins the company after spending nearly 20 years on the sales and management side of one of the UK's biggest brewery groups. He is an associate member of the British Institute of Management and Mr Peter Dodd, managing director commented that, "Alan Mason brings

a high level of professional management to the Kingston branch. His experience of sales, organisation and branch management gained in an extremely competitive industry will enable him to make a valuable contribution to the running of the Kingston operation".

Merck Sharp & Dohme Ltd: Mr Albert Angel has been appointed managing director; he is also a vice-president of their European operation. Mr Angel was previously vice-president in charge of the Scandinavian countries.

Mawson & Proctor (Pharmaceuticals) Ltd: Mr Paul Allan, MPS, becomes managing director on May 1 following the retirement of Mr Len Renwick (see p725). Mr Allan, at present general manager, has been with the company for 18 months.

COMING EVENTS

Monday, April 28

East Metropolitan Branch, Pharmaceutical Society, Churchill room, Wanstead Library, Spratt Hall Road, Wanstead, at 7.30 pm. Annual meeting followed by cheese and wine.

North Metropolitan Branch, Pharmaceutical Society, Whittington Hospital postgraduate centre, at 8 pm. Mr D. R. Knowles on "Computers in pharmacy".

Nottingham Branch, Pharmaceutical Society, City Hospital postgraduate medical centre, Hucknall Road, Nottingham, at 8 pm. Working dinner.

Tuesday, April 29

Leicestershire Branch, Pharmaceutical Society, Leicester Royal Infirmary postgraduate medical centre, at 8 pm. Annual meeting.

Liverpool Branch, Pharmaceutical Society, Royal Liverpool Hospital committee room number 2, at 8 pm. Annual meeting.

Wednesday, April 30

Sheffield Branch Pharmaceutical Society, Jessop Hospital lecture theatre, at 8 pm. Annual meeting and film "Aspirin in perspective".

Thursday, May 1

South-east Metropolitan Branch, Pharmaceutical Society; Le Papillon, Greenwich. Annual dinner.

Sunday, May 4

Postgraduate study day, Withybus General Hospital, Haverfordwest, at 10.30 am. Mr Hywel Williams (Welsh School of Pharmacy), Dr L. Price and Dr B. Hill (Royal Marsden Hospital) and Dr P. Griffiths (St Christophers Hospice) on "Treatment of the cancer patient". Confirmation of attendance should be sent to Dr D. Bailey, Director of postgraduate pharmaceutical studies, Welsh School of Pharmacy, UWIST, Cardiff.

Advance Information

Royal Society of Medicine History section, 1 Wimpole Street, London W1. Annual meeting at 6 pm on May 7, followed by presidential address and annual dinner. Tickets for the dinner (£8.50) from Sections officer, Royal Society of Medicine (address as above).

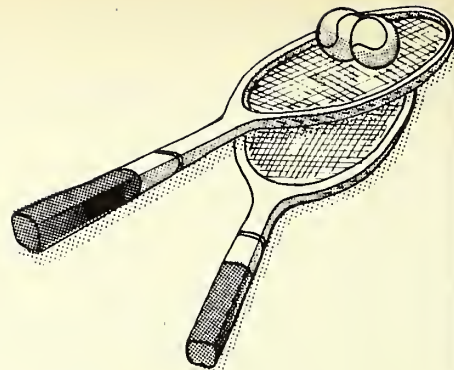
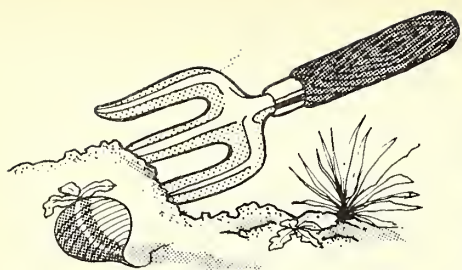
Wholesale Buyers' (Spring) Gifts Fair, National Hall, Olympia, London, May 11-14. Further information from Trade Promotion Services Ltd, Exhibition House, 6 Warren Lane, London SE18.

Lancaster and Morecambe Branch, Pharmaceutical Society. Visit to Thomas Kerfoot & Co. Vale of Bardsley, Ashton under Lyne, on May 7, at 1 pm. Details from Mr R. W. Harrison, "Tresanton", 2a Rydal Road, Lancaster LA1 3HA.

Royal Society of Edinburgh. Symposium on enkephalins and endorphins, Society's rooms, 22 George Street, Edinburgh, on May 9. Applications (£5) to Meetings' secretary, Royal Society of Edinburgh, (address as above).

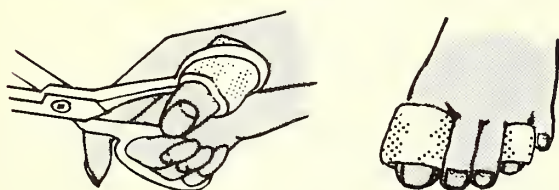
South West Metropolitan Branch, Pharmaceutical Society, visit to the Palace of Westminster followed by cocktails and dinner, Friday, May 9, at 6.30pm. Tickets (£12 each) are available from P. Rogers, MPS, 13 Thornton Road, London SW12.

Association of Medical Advisers in the Pharmaceutical Industry, symposium on "Drugs in pregnancy, paediatrics and geriatrics", Royal College of Physicians, London, May 21-22 (fee £60 inclusive of lunch and refreshments). Details from the secretariat, AMAPI, 41 Queen's Gate, London.



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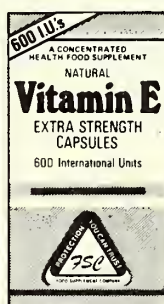
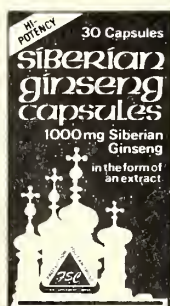
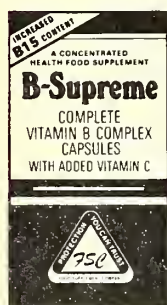
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WESTMINSTER REPORT

Questions on Debendox

Mr Jack Ashley asked the Secretary for Social Services several questions about Debendox, in the Commons last week. He asked if the names of the studies considered by the Committee on Safety of Medicines during its recent review of the safety of Debendox could be published and whether the complete transcript of the Florida trial was available to the CSM.

Dr Gerard Vaughan, Minister for Health, gave a list of the most important studies, in a written answer. He said the studies provided a substantial amount of scientific evidence on the basis of which the Committee felt it could reach a conclusion. The full transcript of the United States proceedings was not available. But the CSM had no reason to believe from the final submissions that they had not considered any new first-hand evidence presented.

The CSM would continue to monitor published evidence and the secretariat had asked for a full transcript of the trial, he said. They would study this, when available, and report further to the CSM.

□ A group of parents who believe their children were 'born damaged' because the mothers took Debendox during pregnancy have formed an action committee. It was reported last week in *The Times* that they are thinking of suing Richardson-Merrell.

Four policy papers for USDAW debate

The TUC deputy general secretary, Mr Norman Willis, will make a major speech on April 28 to the annual conference of USDAW (Union of Shop, Distributive and Allied Workers), at Bournemouth. This is the first major union conference of the season and his reception will be a test of support for the TUC campaign to stop the Employment Bill and change Britain's economic policies.

The union has issued four policy papers for debate at its conference. The first is a criticism of the Employment Bill, which the USDAW executive believes is unfair to workers in industries where trade union organisation is difficult to establish and wages tend to be low.

Another paper analyses the problems faced by its members in retailing, offices and factories with the introduction of new technology like the micro-chip and the laser-beam check-out.

A third paper argues the case for leaving the Labour Party constitution unchanged and trying to improve relations between the Parliamentary Labour Party

and the Party's national executive on the basis of closer co-operation.

A final document deals with wages and economic policy.

Among the subjects to be considered in interim agenda paper propositions are women's job protection during and after pregnancy, abortion, travelling-to-work costs, a six-month qualifying period of residence before free national health services are available to foreign nationals, cuts in public expenditure, reduction of the retirement age for men, wages levels and a 35-hour week.

Supplement for US formularies

The First Supplement to the United States Pharmacopeia XX and to the National Formulary XV was published last week. It becomes official on July 1, the same date on which USP XX and NF XV become official.

The supplement has 43 pharmacopeia monographs and eight formulary monographs and revises 260 pharmacopeia and 21 formulary monographs. Eight general chapters, 24 reagent specifications and two reference tables are included.

An addendum to the first supplement is due for publication in May and will also become official on July 1. Work on a second supplement has now commenced. This will be published in January 1981 and is expected to become official on May 1, 1981.

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MARKET NEWS

Camphor shortage

London, April 23: The shortage of natural camphor, on the spot, continues because of the high rate being quoted at origin. Synthetic camphor demand has increased and prices are firm.

There seems to be little flurry of activity at the China Spring Fair so far. Citronella continues firm while *arvensis* peppermint eases, particularly that of Brazilian origin. Lemongrass and sassafras were both dearer by 10p kg; Mysore sandalwood fell by £2 kg.

Several botanicals were lower as a result of the weaker US dollar, including Canada and Peru balsams, cascara, cherry bark and sarsaparilla. Gentian root was dearer.

Pharmaceutical chemicals

Ammonium acetate: BPC 1949 crystals £0.7378 kg in 50-kg lots; strong solution BPC 1953 £0.243 kg in 250-kg lots.
Ammonium bicarbonate: BPC £208.96 metric ton, ex-works, in 50-kg bags.
Ammonium chloride: Pure in 50-kg lots £0.2344 kg for powder.
Ammonium tartrate: Commercial £2.95 kg in 50-kg lots.
Atropine: (Per kg in 1-kg lots) Alkaloid £200.50; methanolate £179; sulphate £169.90.
Benzocaine: BP in 50-kg lots, £6.63 kg.
Benzoic acid: BP in 500-kg lots, £0.8801 kg.
Chloroform: BP £490 to £520 per metric ton according to drum size; 2-litre bottles £2.90 each; 10x500-ml bottles £1.25 each.
Citric acid: BP per metric ton single deliveries, granular monohydrate £927; anhydrous £978 (powdered £20 premium per 1,000 kg). Five-ton contracts £922 and £973 respectively for granular.

Clioquinol: NF XIV 500-kg lots £13.18 kg.
Ether: Anaesthetic: BP 2-litre bottle £3.60 each; one-metric ton lots in drums from £1.75 in 18-kg drums to £1.65 kg in 130-kg. Solvent, BP in 130-kg drums, £1.190.
Ferric ammonium citrate: Brown BP £1.70 kg in 600 kg lots minimum.
Ferrous carbonate: BPC 1959 saccharated £1.50 kg in minimum 700-kg lots.
Ferric citrate: £5 kg in minimum 250-kg lots.
Ferrous fumarate: BP £1.40 kg in 750-kg lots minimum.
Ferrous gluconate: £2,375 per metric ton.
Ferrous succinate: BP £6 kg in 200-kg lots.
Ferrous sulphate: BP/EP small crystals £0.80 kg dried £0.80 minimum 1,250-kg lots.
Glycerin: In 250 kg returnable drums £745 metric ton in 5-ton lots; £750 in 2-ton lots.
Henbane: Niger £1,405 metric ton spot; £1,395, cif, hydrate £260; anhydrous £550; liquid 43 Baume £279 (5-drum lots); naked 18-ton £217.
Iodine: Resublimed £7.15 kg in 250-kg lots; crude £7.30.
Iodoform: USNF £15 kg in 50-kg lots.
Iodides: (kg). **Ammonium** £11.40 (50-kg lots); **potassium** £5.90 (250 kg); **sodium** £8.50 kg (50-kg). **Lignocaine:** (25-kg) base £11.74 kg; hydrochloride £11.82.
Magnesium carbonate: BP per metric ton—heavy £690; light £630.
Magnesium chloride: BP crystals £0.83 kg for 50-kg lots.
Magnesium dihydrogen phosphale: Pure £2.29 kg in 50-kg lots.
Magnesium hydroxide: (metric ton) BPC light £1,640, 28 per cent paste £520.
Magnesium oxide: BP per metric ton, heavy £1,700; light £1,640.
Magnesium sulphate: BP £136.50-£147.10 metric ton; commercial £118.50-£132.60; exsiccated BP £294.80.
Magnesium trisilicate: £1 kg in minimum 1,000-kg lots.
Nicotinamide: £4.40 kg in 50-kg lots.
Nicotinic acid: £4.35 kg; in 50-kg lots.
Potassium acetate: BPC £1 kg for minimum 1,000-kg order.
Potassium ammonium tartrate: £2.76 kg in 50-kg lots.
Potassium bitartrate: £1,215 per metric ton.
Potassium citrate: Granular £1,112 per metric ton, 5-ton contracts £1,106 ton.
Potassium diphosphate: BPC 1949 in 50-kg lots, granular £2,279 kg; powder £1,992.
Potassium hydroxide: Pellets BP 1963 in 50-kg lots £1,795 kg; sticks not offered; technical flakes £0.6965.
Potassium nitrate: Recrystallised £1.07 kg for 50-kg drums.
Potassium phosphate: monobasic BPC 1949, £1.39 kg in 50-kg lots.
Potassium sodium tartrate: £887 per metric ton.
Saccharin: BP '73 powder £3.90 kg; crystals £3.40 for 500 kg lots of imported material.
Siliboestrol: BP in 25-kg lots, £176 kg.

Sulphadimidine: £5.75 kg for imported in 1-ton lots.
Sulphamethizole: £11.35 kg in 1,000 kg lots.
Sulphathiazole: BP 1973, £7.30 kg in 1-ton lots.
Sulphadiazine: BP 68 £4.80 kg in 250-kg lots.
Theophylline: Anhydrous and hydrous £5.78 kg in 100-kg lots; ethylene diamine £6.23 kg.
Zinc acetate: Pure £1.29 kg in 50-kg lots.
Zinc carbonate: Pharmaceutical grade £660 per metric ton.
Zinc chloride: Anhydrous powder £450 metric ton, delivered U.K.

Crude drugs

Balsams (kg) Canada: Easier at £12.50 on the spot, shipment £12.40, cif. **Copaiba:** £3.05 spot; £2.95, cif. **Peru:** £9.85 spot; £9.80, cif. **Tolu:** £6.15, cif. **Camphor:** Natural powder no spot; £7.95 kg, cif. Synthetic 96% £1.31 spot; £1.20, cif. **Cascara:** £1,170 metric ton spot; £1,130, cif. **Benzoin:** £204 cwt, cif. **Cherry bark:** Spot £1,160 metric ton; shipment £1,145, cif. **Cinnamon:** Seychelles bark £480 metric ton spot; £425, cif. Ceylon quills 4 o's £0.86½ lb, featherings £0.18½ lb both, cif. **Cardamoms:** Allepey green No. 2 £6.15 kg, cif. **Gentian root:** £2,250 metric ton spot; £2,240, cif. **Ipecacuanha:** Matto Grosso no offers; Costa Rican £18.75 spot; no cif. **Pepper:** (metric ton) Sarawak black £960 spot, £1,750, cif; white £1,360 spot; £2,525, cif. **Sarsaparilla:** Jamaican £2,650 metric ton spot; £2,590, cif. **Seeds:** (metric ton, cif) **Anise:** China £830 for shipment. **Celery:** Indian £440. **Coriander:** Moroccan £210. **Cumin:** Indian £700. **Fennel:** Indian £475. **Fenugreek:** Moroccan £265; Indian £225. **Turmeric:** Madras finger £450 metric ton spot; £410, cif. **Valerian:** Dutch £1,895 metric ton spot; £1,845, cif. Indian £1,900 spot; £1,400, cif. **Witchhazel leaves:** £2.60 kg spot; £2.40, cif liquid £0.50 kg.

Essential oils

Camphor: White £0.90 kg spot and cif. **Cinnamon:** Ceylon leaf £2.40 kg spot; £2.80, cif, bark, English-distilled £155. **Ginger:** Chinese £35 kg spot; £25, cif. English distilled (W. African root) £105; (Indian) £55. **Lemongrass:** Cochinchina £4.50 spot; £4.25, cif. **Nutmeg:** East Indian £9.10 kg spot; £9, cif. English distilled £16. **Peppermint:** (kg) Arven's—Brazilian £4.25 spot; £4.20, cif. Chinese £2.95 spot; £2.90, cif. Piperita American Far West £13.50 spot. **Sandalwood:** Mysore £63 kg spot; East Indian £47 spot. **Sassafras:** Brazilian £1.90 kg spot; £1.75, cif. The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

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Circulation ABC July/December 1978. 17,737.

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MIDLANDS OFFICE
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Phone _____ Date _____ Signed _____

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PARACETAMOL, ASPIRIN .
The choice is yours . . .

Ceebrite Ltd.
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96 ST. ALBANS ROAD,
WATFORD, HERTS.
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PLASTIC PRODUCTS

BABY PANTS
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MATTRESS SHEETS
COT SHEETS

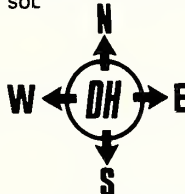
etc., etc.

**HENLEYS
OF HORNSEY
LTD.**

London N8 0DL
Tel: 01-889 3151/6

DENNIS HILLYARD CONTACT LENS SUPPLIES LIMITED

55 Barton Road, Water Eaton Estate,
Milton Keynes, Bucks.
Tel: STD (0908) 74537
Telex: 847777 DELRAY G Attn: 151
SOL



Suppliers of
all contact
lens
solutions,
cases and
accessories.

DANDA PACKAGING CO LTD

8 PRIORY ROAD LONDON N8
TEL: 01-341 0067
or 01-348 2961

POLYTHENE CARRIER BAGS

Printed to your own specifications.
All size carriers in stock.
Bin Liners, Refuse Sacks, etc.
Quick delivery
Phone or write for free samples

Focus Solutions

Suppliers & Wholesalers of
Contact Lens Solutions
Eye Care Cosmetics
and Accessories

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Barnes Hind
Contactasol Allergan
Smith & Nephew
Alcon Optrex Optique

Sauflon Pharmaceutical
Telephone Harry Applebaum at
Watford (0923) 30348 for details

Focus Contact Lens Laboratory Ltd.
3 Derby Works, Carey Place,
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Umdasch SYSTEMS

THE COMPLETE SHOPFITTERS

Whatever your problem we can solve it for you including walls out, girders in and all the building works involved in your shop modernisation scheme. Our 'Package Deal' service includes dealing with Local Authorities where planning permission is required, etc. Free Surveys, Drawings and advice by our expert consultants, and a very competitive detailed estimate. We can do everything including floor coverings, electrics, suspended ceilings and fronts, all with our own skilled labour, and our modern workshops produce the highest quality purpose made joinery to suit all your requirements and of course for the internal shopfittings we use the UMDASCH system, generally accepted as the leader in quality, design and versatility. We are N.P.A. recommended and cover all types of trades in any part of the country. Why not contact us now and find out more about us without any obligation.



Unit 19,
Britannia Estates,
Leagrave Road,
Luton, Beds LU3 1RJ.

RING Luton (0582) 421851 NOW!

Laleham Packers

Cellophane wrappers . Cartoners .
Tablet counters . Shrink wrappers .
Manufacturers . Printers .
Strippers . Skin packers .
Designers . Collators .
Product developers .
Bottlers . Fillers .



RING OR WRITE TO: RICHARD OATES . LALEHAM PACKERS .
NEWMAN LANE . ALTON . HANTS . TELEPHONE: (0420) 82644.

PARACETAMOL TABLETS?

WE'RE THE UK's LARGEST SPECIALIST PRODUCER!

in bulk or bottles, strip pack or own label—try us for aspirin or saccharin too!

Fast service — unbeatable prices — from
**THE WALLIS LABORATORY, NEW HERTFORD
HOUSE, ST ALBANS ROAD, WATFORD, HERTS**

TEL: WATFORD 41891

DENTAL HEALTH PROMOTION LTD.

*98% protection against caries given by
Fluor-a-Day tablets*

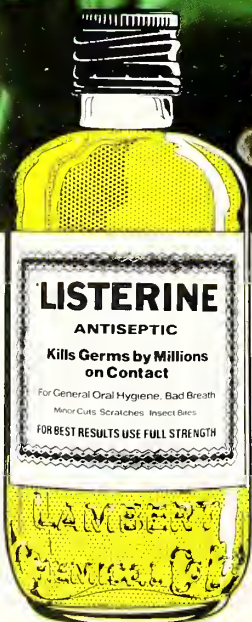
A dentist writes to us, "We did a survey of 150 five-year old patients; 98% of those who had fluoride tablets since birth had perfect mouths; 2% had one filling each. Of the children whose mothers had advice on diet and regular treatment but no tablets 7½% had perfect mouths and the others 158 fillings and 34 extractions".

Please contact your wholesaler. In case of difficulty contact:

DENTAL HEALTH PROMOTION LTD,
130 FINCHLEY ROAD, NW3.
TELEPHONE: 01-794 8902.

**PLEASE MENTION
Chemist & Druggist
WHEN REPLYING TO
ADVERTISERS**

THE NEW LISTERINE SALES TEAM.



Meet Dino and Tina.

They've already been pretty busy in the national press and magazines. And they'll be working full time in the London Underground. (Alongside King Kong, that is.)

Our brand new campaign is about to take off. The 1970s saw Listerine grow into a million pound business. And 1980 will be even better.

So stock up now. And remember. Display the Listerine alongside the toothpastes and toothbrushes.

Dino and Tina will do the rest.

Listerine Antiseptic Mouthwash.
It's enough to take your breath away.